GENERAL LEONARD WOOD

ARMY COMMUNITY HOSPITAL

Your Military Health Care Champion

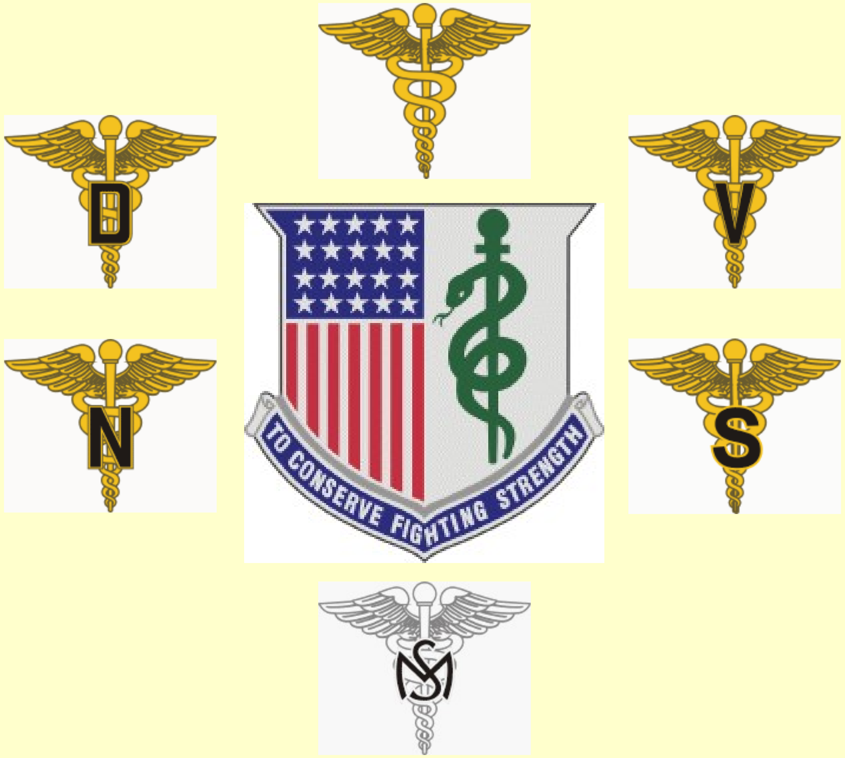
General Leonard Wood Army Community Hospital

GENERAL LEONARD WOOD

ARMY COMMUNITY HOSPITAL

CDR’s/1SG’s Course

USA MEDDAC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TO CONSERVE FIGHTING STRENGTH

18 April 06

As of 4 April 1500

MISSION

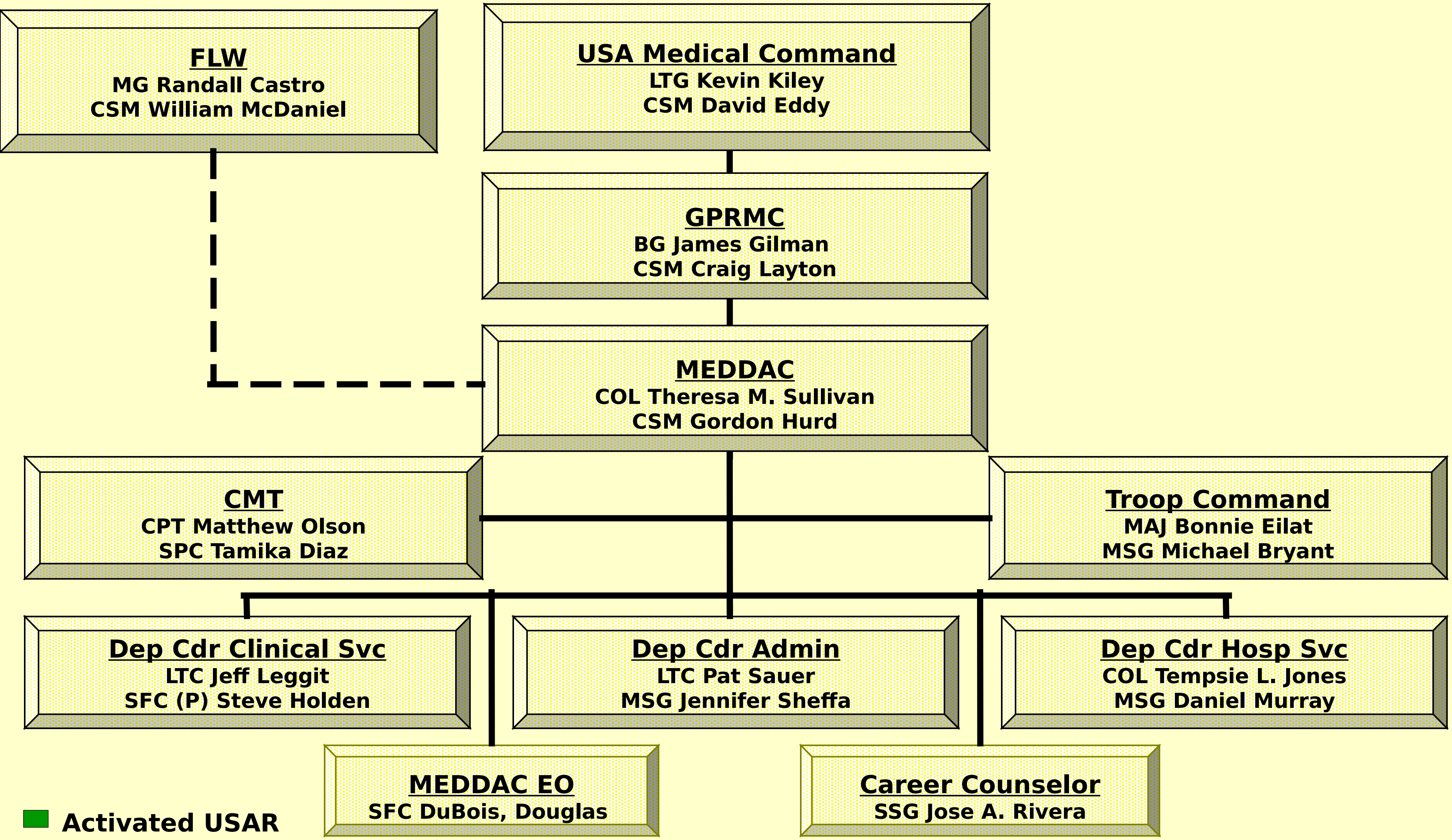
To Provide Relevant And Ready Medical Forces For A Campaign Army By Promoting Army Values, Instilling Warrior Ethos, Growing, Training And Equipping Army Medical Department Leaders And Soldiers, And Caring For Our Soldiers, Families, Prime Beneficiaries, Staff, And The MANSCEN Centers Of Excellence With Compassion And Courage.

VISION

- **Unequalled Health Care in Support of America's Premier Training Center and America's Army**
- **A Values-Based, Multi-Disciplined, Relevant, and Innovative Health Care Team**
- **Well-Being of Our Staff**
- **An Active Health Care Partner in the Ozarks**

- **Resulting in:**
  - **Exceptional Military Readiness, Clinical Outcomes, Beneficiary Satisfaction, Staff Satisfaction, and Business Performance**

GLWACH ORGANIZATION



FLW
MG Randall Castro
CSM William McDaniel

USA Medical Command
LTG Kevin Kiley
CSM David Eddy

GPRMC
BG James Gilman
CSM Craig Layton

MEDDAC
COL Theresa M. Sullivan
CSM Gordon Hurd

CMT
CPT Matthew Olson
SPC Tamika Diaz

Troop Command
MAJ Bonnie Eilat
MSG Michael Bryant

Dep Cdr Clinical Svc
LTC Jeff Leggit
SFC (P) Steve Holden

Dep Cdr Admin
LTC Pat Sauer
MSG Jennifer Sheffa

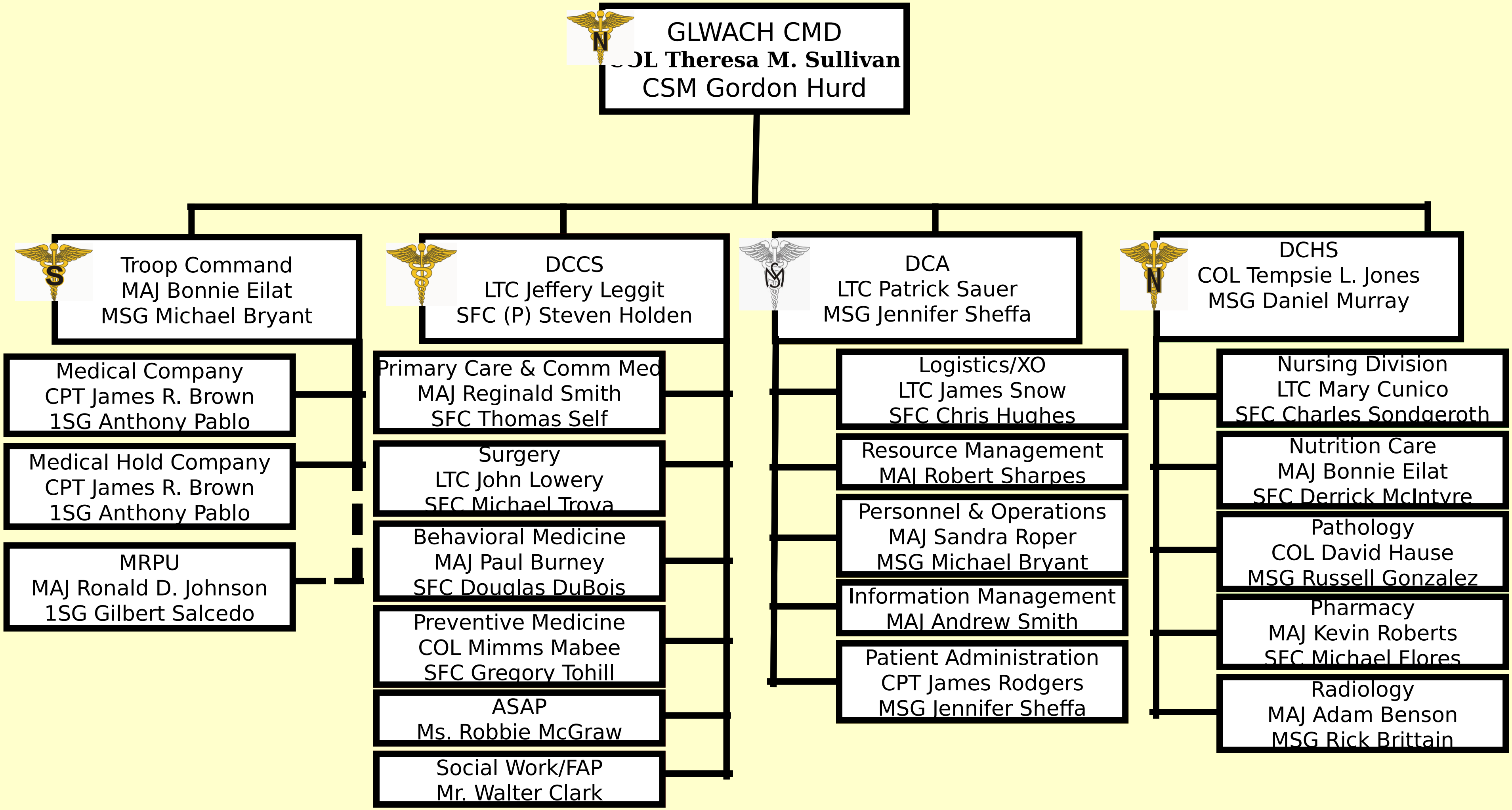
Dep Cdr Hosp Svc
COL Tempsie L. Jones
MSG Daniel Murray

MEDDAC EO
SFC DuBois, Douglas

Career Counselor
SSG Jose A. Rivera

🟩 Activated USAR
🟥 In job less than 90 days
🟧 Loss to unit within 90 days

KEY LEADERS



GLWACH CMD
COL Theresa M. Sullivan
CSM Gordon Hurd

Troop Command
MAJ Bonnie Eilat
MSG Michael Bryant

Medical Company
CPT James R. Brown
1SG Anthony Pablo

Medical Hold Company
CPT James R. Brown
1SG Anthony Pablo

MRPU
MAJ Ronald D. Johnson
1SG Gilbert Salcedo

DCCS
LTC Jeffery Leggit
SFC (P) Steven Holden

Primary Care & Comm Med
MAJ Reginald Smith
SFC Thomas Self

Surgery
LTC John Lowery
SFC Michael Trova

Behavioral Medicine
MAJ Paul Burney
SFC Douglas DuBois

Preventive Medicine
COL Mimms Mabee
SFC Gregory Tohill

ASAP
Ms. Robbie McGraw

Social Work/FAP
Mr. Walter Clark

DCA
LTC Patrick Sauer
MSG Jennifer Sheffa

Logistics/XO
LTC James Snow
SFC Chris Hughes

Resource Management
MAJ Robert Sharpes

Personnel & Operations
MAJ Sandra Roper
MSG Michael Bryant

Information Management
MAJ Andrew Smith

Patient Administration
CPT James Rodgers
MSG Jennifer Sheffa

DCHS
COL Tempsie L. Jones
MSG Daniel Murray

Nursing Division
LTC Mary Cunico
SFC Charles Sondgeroth

Nutrition Care
MAJ Bonnie Eilat
SFC Derrick McIntyre

Pathology
COL David Hause
MSG Russell Gonzalez

Pharmacy
MAJ Kevin Roberts
SFC Michael Flores

Radiology
MAJ Adam Benson
MSG Rick Brittain

🟩 **Activated USAR**

🟥 **In job less than 90 days**

🟧 **Loss to unit within 90 days**

HEALTHCARE SERVICES

- **Primary Care**
  - Family Practice Clinic (East, West)
  - Internal Medicine
  - Physical Exams
  - Pediatrics
    - EFMP
  - CTMC/HAMIC

- **Surgical Services**
  - OB/GYN
  - General Surgery
  - EENT
    - Ophthalmology
    - Otolaryngology
    - Optometry
    - Audiology
  - Orthopedics
    - Orthopedics
    - Chiropractics
    - Podiatry
    - Physical Therapy
    - Occupational Therapy
  - Urology

- **Behavioral Health**
  - Psychiatry
  - Child Psychiatry
  - Psychology
  - Neurology
  - Alcohol and Substance Abuse Program
  - Social Work Services
  - Community Mental Health Services
  - Family Advocacy

- **Preventive Medicine**
  - Community Health Nursing
  - Occupational Health
  - Industrial Hygiene
  - Environmental Health
  - Chemical Defense Training Facility
  - St. Louis Occ Health

- **Ancillary Services**
  - Radiology
  - Pathology
  - Pharmacy
  - Nutrition Care

- **Nursing Services**

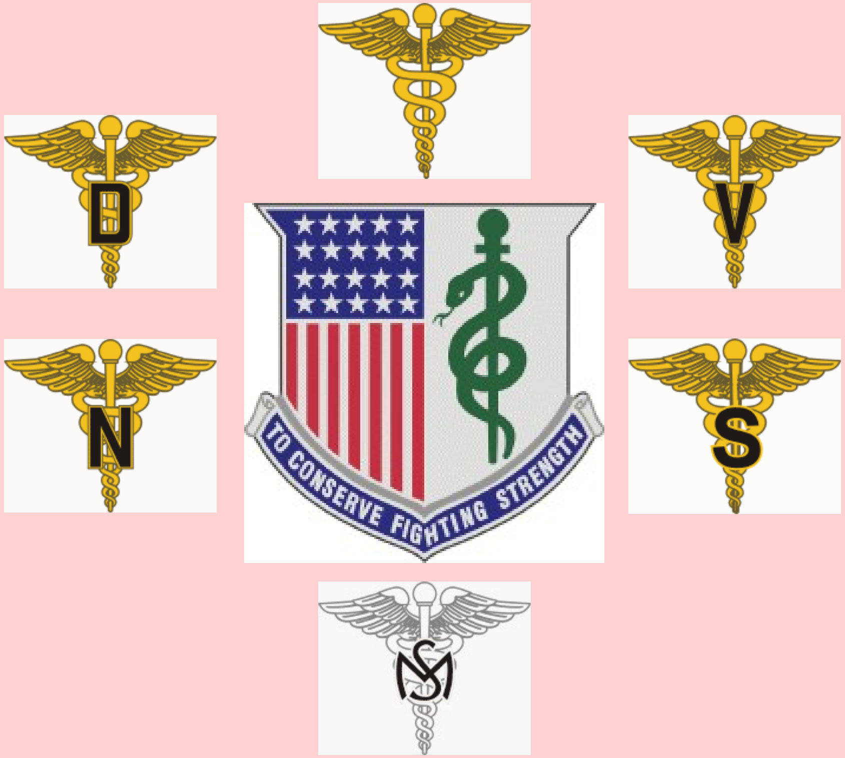
SOLDIER HEALTHCARE

Soldier Healthcare Strategies

- Asthma
- Musculoskeletal (PT) Forward
- Sick Call Forward
- Behavioral Health Forward
- Warrior Rehab
- Infirmary
- Soldier Health Optimization Team
- Medical Attrition

Taking GLWACH Medical Staff to Training units for Sick Call, Physical Therapy and Behavior Health Services Because it’s the Right Thing to Do!

QUESTIONS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TO CONSERVE FIGHTING STRENGTH
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Emergency Room

- Care is provided 24 hours a day.
- Coverage consist of an average of one physician and 12 hours of PA coverage during the day
- Emergency Medical Services including Paramedics are dispatched from the emergency room via 911 operator
- 31,200 patients/year FY05
- About 60 percent of patients seen between 1500 and 2200

Emergency Room

- The ER consists of 7 private rooms designed for OB/GYN, Wound Care, Ortho, Peds, minor ENT, and one isolation room
- There are 4 direct observation beds for urgent patients and 2 Trauma/Emergent beds.

Emergency Room

- All patients are seen by priority first, then in order of check-in regardless of rank, duty status, or if dependents
- Routine sick call in the emergency room is discouraged
- Increased volume takes provider time away from patients who may be severely ill
- All patients are triaged and assigned to a category.
- Categories include Emergent, Urgent, Non-Urgent, and Routine.
- Non-Urgent and Routine patients may be sent to their PCM depending on current ER work load.

Questions?

Commanders and 1SG Briefing

Community Health Resource Center

Community Health Nursing - 596-0518

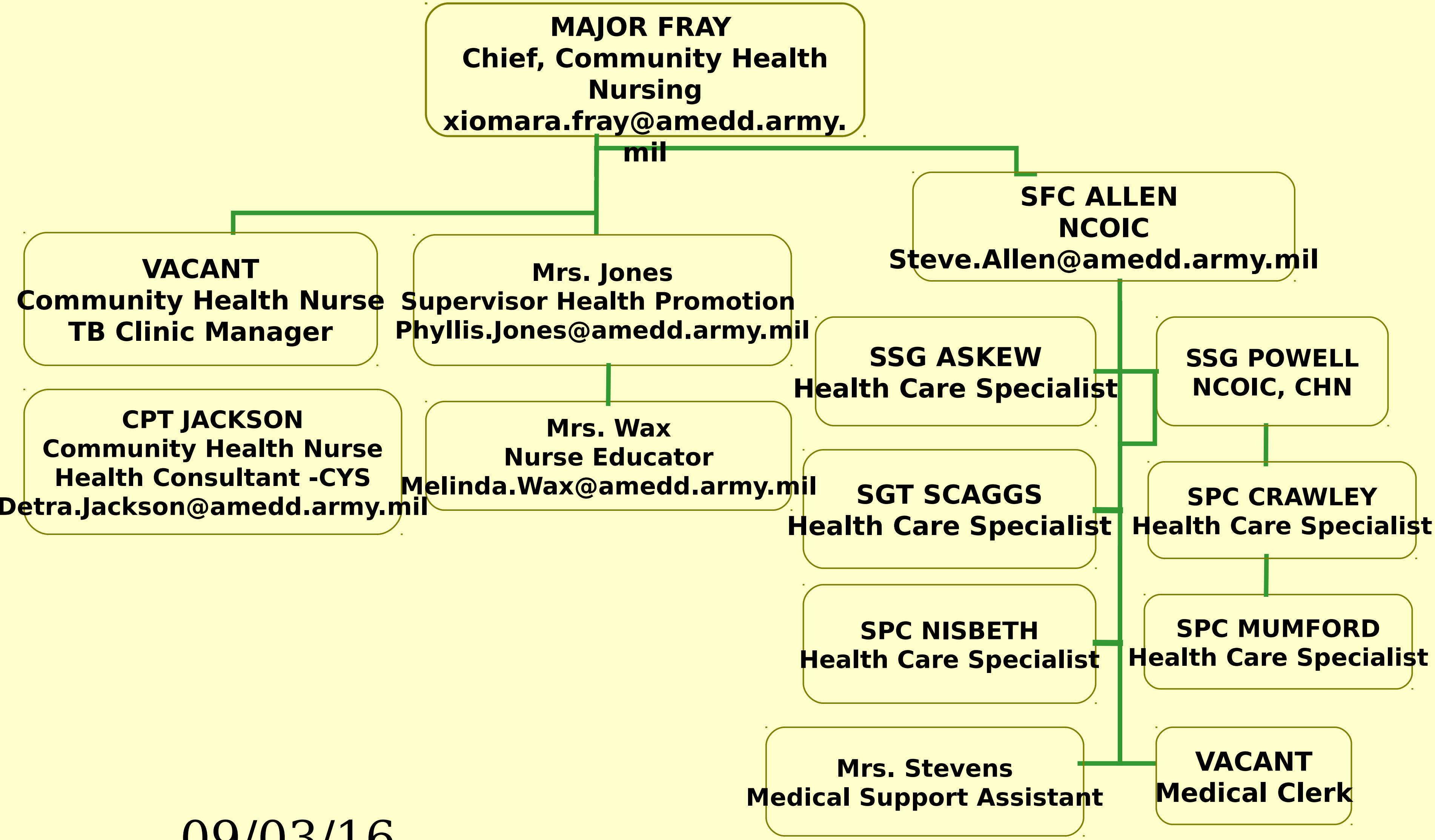
and Health Promotion Center - 596-0491

Community Health Resource Center

Community Health Nursing and Health Promotion Center

Provides programs designed to promote health and modify disease and injury risks of service members, military families and the military community; through education and prevention focused activities and strategies that engage military service members and health beneficiaries in optimizing personal health and readiness.

Community Health Resource Center



MAJOR FRAY
Chief, Community Health Nursing
xiomara.fray@amedd.army.mil

VACANT
Community Health Nurse
TB Clinic Manager

CPT JACKSON
Community Health Nurse
Health Consultant -CYS
Detra.Jackson@amedd.army.mil

Mrs. Jones
Supervisor Health Promotion
Phyllis.Jones@amedd.army.mil

Mrs. Wax
Nurse Educator
Melinda.Wax@amedd.army.mil

SFC ALLEN
NCOIC
Steve.Allen@amedd.army.mil

SSG ASKEW
Health Care Specialist

SGT SCAGGS
Health Care Specialist

SPC NISBETH
Health Care Specialist

Mrs. Stevens
Medical Support Assistant

SSG POWELL
NCOIC, CHN

SPC CRAWLEY
Health Care Specialist

SPC MUMFORD
Health Care Specialist

VACANT
Medical Clerk

09/03/16

Health Promotion Center

- Health Information & Education
  - Group Classes
  - 1:1 Education
- Health Maintenance/Monitoring
- Disease Management Clinic

Health Promotion Center

Health Information & Education

- Resource Library/Viewing Room
- Health Classes
  - Pregnancy classes
  - Health and Hygiene
  - HIV/STD Preventions & Awareness
  - Infant Care/CPR
  - Men’s Health/Women’s Health
  - Nutrition and Weight Managem
  - Stress Management
  - Tobacco Use Cessation

Health Promotion Center Health Information & Education

- IET Tobacco Use Risk Reduction Class
- Self Care Program
    - Permanent Party
    - IET Soldiers
- Health Fairs and Selected Health Events

Health Promotion Center Health Maintenance Monitoring

- Blood Pressure
- Blood Glucose
- Peak Flow
- Body Fat Analysis
- Weight

Health Promotion Center Disease Management Clinic

- Asthma
- Coumadin Clinic
- Diabetes Education
- Elevated Cholesterol
- Nicotine Replacement Therapy

Community Health Nursing Communicable Disease Prevention

- Epidemiologic Investigations
- Individual Counseling and Follow-up
- Group Education and Trai
- International Travel Clinic
- Malaria Chemoprophylaxis
- TB Surveillance & Control Program

Community Health Nursin
Group Education & Traini

- HIV/AIDS Awareness and Prevention (AR 600-110)
- STD Awareness and Prevention
- Personal Hygiene Class
- Female Hygiene Class
- Other classes by request

Community Health Nursing Family/Child Health

- High Risk Home Visits
- Health Consultant
  - Special Needs Resource Team
  - Child & Youth Services Program/ Family Child Care
- Building Strong & Ready Families
- Individual and Group Health Education

Community Health Resource Center Program Access

- Call TriWest for Tobacco Cessation Class
  - New class begins the 1st Tuesday and the 1st Thursday of each month; consists of 4 sessions
  - Zyban, nicotine gum and nicotine patch are available
- Call 596-0491 for the Health Promotion Center or 596-0518 for Community Health Nursing
- E-mail us or Visit www.glwach.army.mil to request classes via internet:
  - Click on Patient Guide
  - Click on Health Promotion (go to bottom of page)
  - Click on unit request for classes

Questions?

Case Management

Mary Jane Aufdengarten RN

Chief, Case Management Branch

Room 621, 6th Floor

Hours of Operation

Monday through Friday 0700 to 1600

On Call thru Emergency Dept for Weekends/Holidays

Phone: 596-1677

Mary Jane Aufdengarten, RN
Chief Case Manager

Patricia Gann, RN,C
Case Manager

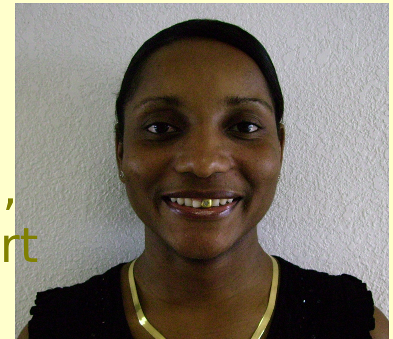
Cindy Plank, RN
Case Manager

Beverly Goodell, RN
Case Manager

George Detchemendy, Medical Processing Assistant

David Wyant, RN
Case Manager

LaQuita Nance, Medical Support Assistant



#1 Priority – Active Duty

Catastrophic Cases
AD OIF Soldiers Returning
Serious Illness/Injuries all Prime
SRP/Mobilization
Family Members
Tri-Care Prime Retirees
Over 65 yr old In-Patient

CM Responsibilities Daily Review

- Absent Sick Program (MO, IOWA, MINN, Canada)

  - Active Duty Admitted Across U.S.A.
- Prime Admissions Civilian Facilities
- GLWACH In-Patient (ICU/5C)
- Maternal Child (OB/Peds)
- EFMP Special Cases
- Capability Report: Neurosurgery, Oncology, Rare or Unusual consults requested (high cost/high freq)

Absent Sick Program

AR 40-400

MEDDAC Reg 40-4

What happens when military personnel are admitt

1. Inpatient at a MTF
    a. GLWACH
    b. Other MTF/MEDCEN
    c. A/E

2. Inpatient at a Civilian Facility
    a. Missouri
    b. Outside MO – on leave/TDY/CVL

Absent Sick Program

Physician/Provider
RN Case Manager
Absent Sick Coordinator
Unit CDR & 1SG
Civilian Provider
Civilian Staff providing direct ca

Emergency Notification

Who has the SOLDIER listed as Next of Kin?

Note: SI/VSI “Remarks” section reads,

“Family Needed at Bedside”

The sooner CM is involved with Command, the better the communication.

The more involvement CM and the Unit has with the Family, the more stress off the family and the Soldier.

ICU communication by with CM can help to keep the Unit informed. If the unit representative is On Site, the communication can be increased with direction by CM.

VSI/SI (Very Seriously Ill & Seriously Ill)

Ref AR 40-400 and MEDDAC Reg 40-3

VSI - When illness (injury) is of such severity that life is imminently endangered.

SI – When illness (injury) is of such severity that there is cause for immediate concern, but there is no imminent danger to life..00

SC – Special Category

THE VSI / SI NOTIFICATION PROCESS

1. The physician makes the decision & notifies the next of kin.
2. Patient Affairs (or AOD after hours) makes notifications.

   (Post casualty, hospital company, DCCS, Chaplain,

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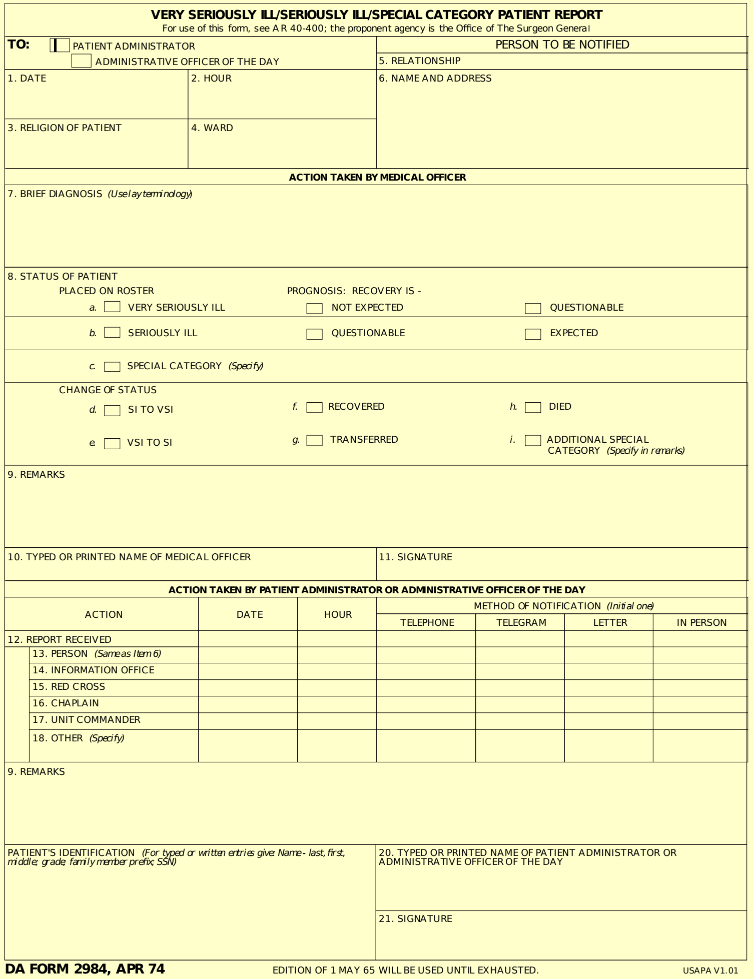


VERY SERIOUSLY ILL/SERIOUSLY ILL/SPECIAL CATEGORY PATIENT REPORT

For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General

TO: ☐ PATIENT ADMINISTRATOR
☐ ADMINISTRATIVE OFFICER OF THE DAY

PERSON TO BE NOTIFIED

5. RELATIONSHIP

6. NAME AND ADDRESS

1. DATE

2. HOUR

3. RELIGION OF PATIENT

4. WARD

ACTION TAKEN BY MEDICAL OFFICER

7. BRIEF DIAGNOSIS *(Use lay terminology)*

8. STATUS OF PATIENT

PLACED ON ROSTER	PROGNOSIS: RECOVERY IS -	
a. ☐ VERY SERIOUSLY ILL	☐ NOT EXPECTED	☐ QUESTIONABLE
b. ☐ SERIOUSLY ILL	☐ QUESTIONABLE	☐ EXPECTED
c. ☐ SPECIAL CATEGORY *(Specify)*		

CHANGE OF STATUS

d. ☐ SI TO VSI	*f.* ☐ RECOVERED	*h.* ☐ DIED
e. ☐ VSI TO SI	*g.* ☐ TRANSFERRED	*i.* ☐ ADDITIONAL SPECIAL CATEGORY *(Specify in remarks)*

9. REMARKS

10. TYPED OR PRINTED NAME OF MEDICAL OFFICER

11. SIGNATURE

ACTION TAKEN BY PATIENT ADMINISTRATOR OR ADMINISTRATIVE OFFICER OF THE DAY

ACTION	DATE	HOUR	METHOD OF NOTIFICATION *(Initial one)*			
			TELEPHONE	TELEGRAM	LETTER	IN PERSON
12. REPORT RECEIVED						
13. PERSON *(Same as Item 6)*						
14. INFORMATION OFFICE						
15. RED CROSS						
16. CHAPLAIN						
17. UNIT COMMANDER						
18. OTHER *(Specify)*						

9. REMARKS

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; family member prefix; SSN)*

20. TYPED OR PRINTED NAME OF PATIENT ADMINISTRATOR OR ADMINISTRATIVE OFFICER OF THE DAY

21. SIGNATURE

DA FORM 2984, APR 74 EDITION OF 1 MAY 65 WILL BE USED UNTIL EXHAUSTED. USAPA V1.01

Emergency Notification

- Who has the Soldier Listed?

Note: SI/VSI “Remarks” Section Reads “Family needed @ Bedside”

The sooner CM is involved the better the communication. The more involvement CM and the Unit has with the Family the better

- ICU communication by phone with CM can help to keep the Unit informed

Care Coordination/Case Management

- Discharge Needs
- Durable Medical Equipment
- Convalescent Leave
- Follow-up appointments
- Medications Post Hospitalization
- Possible MTF Transfer

Convalescent Leave

Convalescent Leave is designed for Active Duty Personnel to be off work (off duty-free leave) – their “job” is to get well following the guidelines from their physician/provider.

Types of Convalescent Leave

1) Less than 30 Day
   - Unit CVL

2) Over 30 Day Unit CVL

3) Hospital CVL

Unit Convalescent Leave

Less than 30 days:

. Physician recommends unit convalescent leave for patient on sick slip or profile form

. Soldier reports back to unit and gives recommendation to unit

. Unit initiates DA 31

. Unit Commander signs DA 31 and issues control number

. Soldier goes home on convalescent leave

Unit Convalescent Leave greater than 30 days:

. Physician recommends unit convalescent leave for patient

Soldier takes back to the unit for review and extension.

If there is a question, call the physician/provider.

If the Soldier has a CM, call and review the case.

. Soldier goes “home” on convalescent leave. Specific instructions for civilian care MUST be authorized PRIOR to leaving.

Hospital Convalescent Leave of more than 30 days:

Note: Hospital CVL should only be used for injuries or illnesses that require the Soldier to be brought back off CVL and be ADMITTED as an inpatient before returning to the unit –

This is for the safety of the Soldier NOT the convenience of provider or unit.

. Physician recommends hospital convalescent leave for patient on sick slip or profile form

. Physician tells soldier to report to PAD to have a DA 31 initiated

Important Points to Consider:

- The Unit Commander or a designated representative will need to be available to sign convalescent leave in a timely manner

Hospitalized Trainees/Soldiers

- Very Important the Trainees/Soldiers have Unit POC Names/Phone numbers in hand, for medical records, when admitted.

  - CDR/FSG
  - Drill SGT

Questions?

Understanding
the
Medical Board Process

How Does It Begin?

- Soldier presents to physician with a disease, injury or illness

OR

- Command directs SM to see physician
  - Chain of command can request an evaluation, but not a medical board
  - Only the physician / hospital commander can begin a medical board

Possible Visit Outcomes

- Return to Duty
- Temporary Profile
- Permanent Profile
    - If P3 or P4, soldier automatically referred

      by Hospital to MMRB
- Referred Directly to MEB/PEB

MMRB
MOS Medical Retention Board

- **Function:**
  - To determine if the soldier is able to perform

    in his/her current MOS
- **Possible Outcomes:**
    - Retain in current MOS
    - Reclassify
    - Probation
    - Referral to MEB/PEB

MEB
Medical Evaluation Board

- **Functions**
  - Evaluates soldier’s medical qualifications for retention
  - Determines soldier’s “medical fitness”
    - Reviews medical records / history
    - IAW AR 40-501, Chapter 3
  - Distinguish between “medical fitness” and “physical fitness”

MEB

- **Board members**
  - At least 2 physicians
  - If dental => 1 physician + 1 dentist
  - If psychiatric => (3 physicians, one of whom

    is a psychiatrist)

PEB

- **Function**
  - Determine soldier’s medical fitness
- **Method**
  - Assesses physical & mental capabilities
    - **Medical records**
    - **MEB packet**
    - **Personnel records**
    - **Commanders Statement of Recent Duty Performance (for Permanent Party Only)**
      - **last 3 PT scores**
      - **last 3 NCOERs/OERs**
    - **Completed Line of Duty (for injuries only)**
  - Matches capabilities with MOS requirements

PEB
Physical Evaluation Board

- **Board members**
  - At least 3 members
    - President
    - Personnel management officer
    - Medical member
      - Either medical corps or DA civilian
      - Cannot be member of MEB & PEB
  - Special representation (if desired)
    - female, ethnic, or enlisted

PEB

- **Possible Outcomes**
  - Fit For Duty
  - Unfit For Duty/Separate With Severance Pay
  - Unfit For Duty/Separate Without Severance Pay
  - Unfit For Duty/Place on Permanent Disability Retirement List (PDRL)
  - Unfit For Duty/Place on Temporary Disability Retirement List (TDRL)

Recommendations

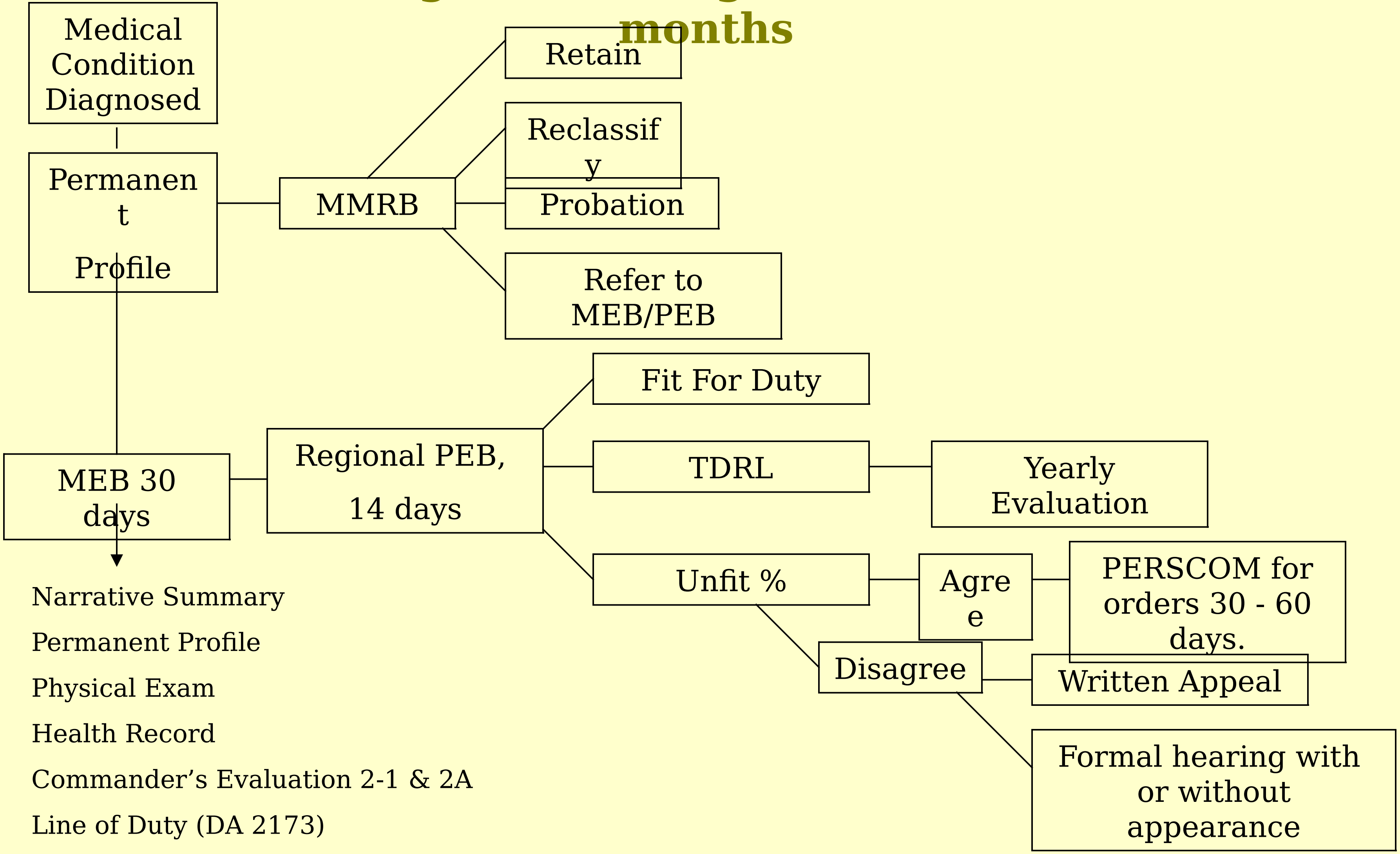
- Commanders should become intimately familiar with

  the medical board process: **AR 635-40 Appendix C**
- Establish relationship with installation MTF and/or Division

  and Brigade Surgeons
- Know the responsibilities of all persons involved
  - You
  - MTF commander / physician
  - Soldier
  - PEBLO

MEDICAL BOARD PROCESSING

Average Processing Time is 1.5 to 2 months



Medical Condition Diagnosed

Permanent Profile

MMRB

Retain

Reclassify

Probation

Refer to MEB/PEB

MEB 30 days

Regional PEB,

14 days

Fit For Duty

TDRL

Yearly Evaluation

Unfit %

Agree

PERSCOM for orders 30 - 60 days.

Disagree

Written Appeal

Formal hearing with or without appearance

Narrative Summary

Permanent Profile

Physical Exam

Health Record

Commander’s Evaluation 2-1 & 2A

Line of Duty (DA 2173)

LES

LINE OF DUTY INVESTIGATIONS

Statement of Medical Examination and Duty Status (Completion of DA 2173)

REF: AR 600-8-1

- LOD’s are initiated for soldiers who are injured while on active duty. DA 2173 will determine whether the injury was incurred in the line of duty or not.

- Commanders, soldiers, or medical personnel may request initiation on behalf of the soldier.

- Army Reserve & Army National Guard Soldiers who sustain injuries requiring follow-up care will need the DA 2173 to determine eligibility for future treatment of the specific injury.

- Patient Affairs initiate the DA 2173.

- Key Points of Contact: Mrs. Kendrick/SPC

MEDICAL RECORD / DOCUMENTATION IS REQUIRED TO INITIATE A LOD.

(Trainee Sick Call Slips are not medical documentation)

All Personnel:

- Fractures
- Lacerations (significant)
- Suicide Gestures
- Combat Training Injuries
- Death on duty
- Heat / Cold Injury
- Rhabdomolysis

Army Reserve & National Guard Personnel:

- Stress Fractures
- Sprains, Strains, Contusions (significant)
- Illnesses/Diseases requiring follow-on care

Permanent/Temporary Profiles

Ref: AR 40-501, Chapter 7

- Temporary Profiles may not exceed one year. After one year the soldier should be evaluated for a permanent profile or Fit For Duty.

THE PERMANENT PROFILE PROCESS

1. **P3 or P4 is signed by the Approving Authority**
2. **The original & one copy are forwarded to the Soldier's CO by the issuing clinic.**
3. **One copy is placed in the Soldier's health record.**
4. **One copy is forward to ATZT-AG-SM: ATTN MMRB Section**
5. **One copy is maintained by the originating clinic.**
6. **Any questions about profiles should be directed to the originating clinic.**

Patient Privacy and Access to Information

- Medical Record property of Government
- Who has access to medical information
- Parameters of medical information that may be accessed
- Avenues to request information

DISCLOSURE WITHOUT CONSENT OF THE PATIENT

- Patient’s medical information in their medical Records MAY be disclosed to OFFICERS who have an official need for access to the records in the performance of their duties.
- Requests for private medical information will be submitted on DA Form 4254-R, Request for Private Medical Information, which is available on the Army Electronic Library and the forms are maintained at GLWACH.
- When medical information is officially requested for a use other than patient care, only enough information will be provided to satisfy the request.

Military Medical Records are the property of

the United States Government

The Military Treatment Facility Commander is the Official Custodian of Medical/Dental Records

Unit Commanders WILL:

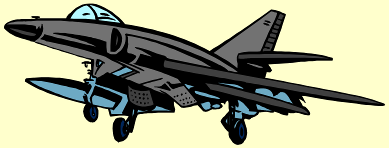
Ensure that Health Records are always available to Army Medical Department (AMEDD) personnel who require such records in performance of their duties.

Questions?

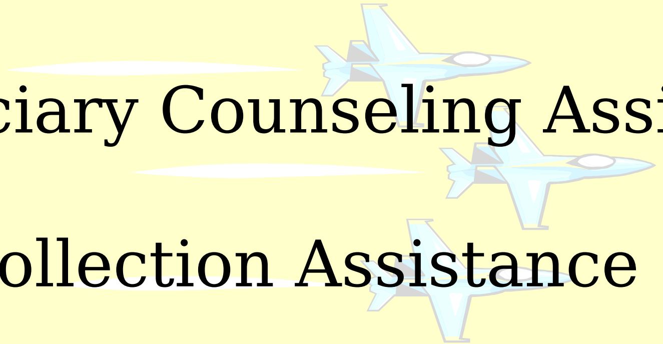
PATIENT/CUSTOMER SERVICE OFFICE

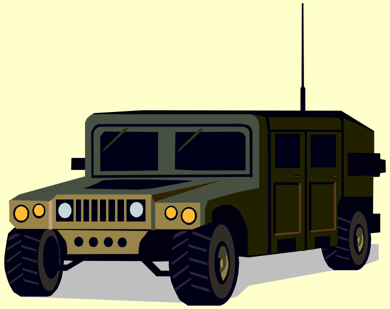
- Patient/Customer Service Officers
  - Pamela Y. Goodin
- Location
  - Room 156-1, first floor
- Phones
  - 596-0418
  - 596-0046 Fax

PATIENT/CUSTOMER SERVICE OFFICE



- Advocate/Liaison
- Beneficiary Counseling Assistant Coordinator (BC
- Debt Collection Assistance Officer (DCAO)





PATIENT/CUSTOMER SERVICE OFFICE

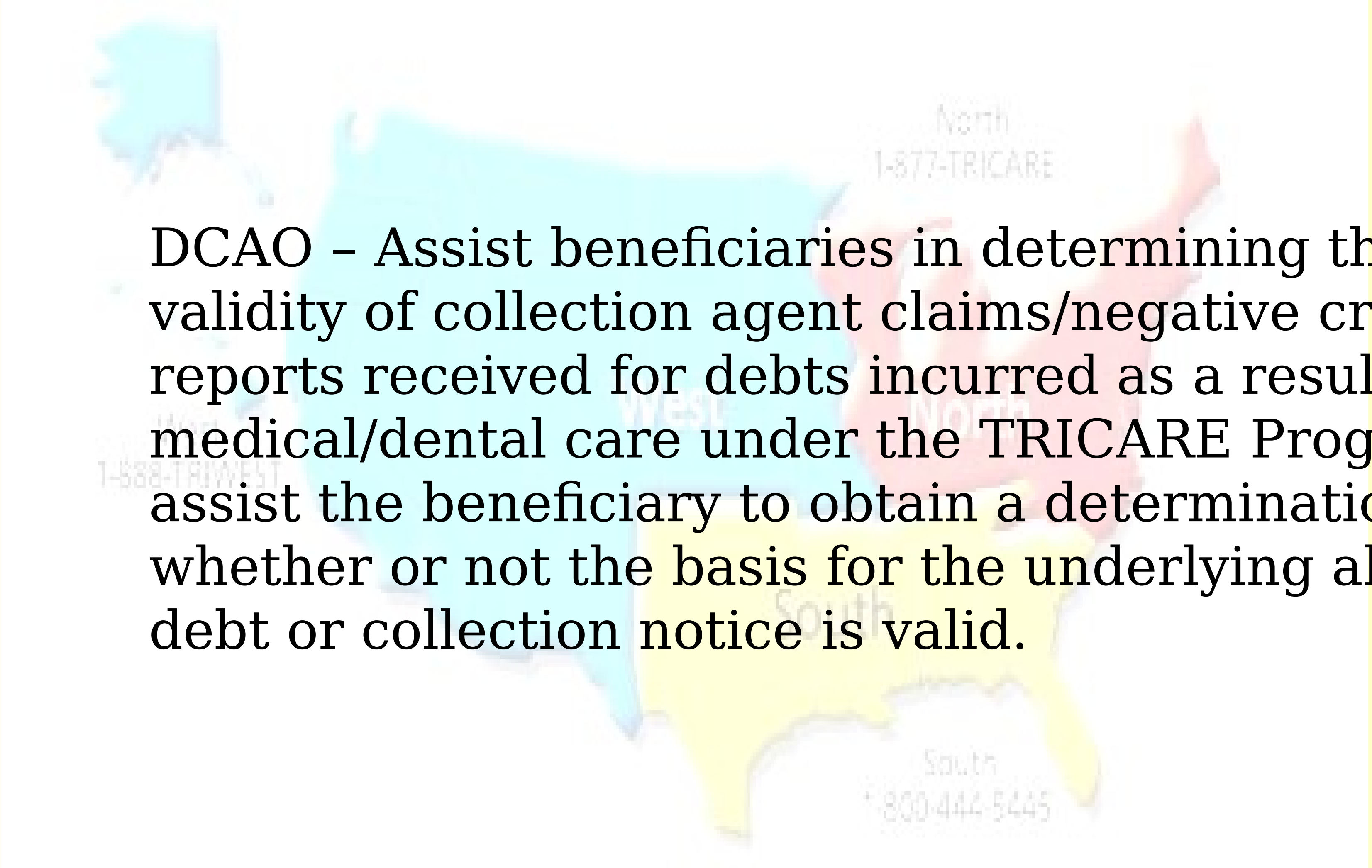
Advocate/Liaison – Serve as the liaison between patients
and the organization and between the organization and the Fort Leonard Wood community it serves. Provide a
specific channel through which patients can
seek resolu ems, concerns
and unmet

PATIENT/CUSTOMER SERVICE OFFICE

BCAC – Liaison to resolve beneficiary issues regardi TRICARE. Counsels beneficiaries regarding all of th TRICARE programs. Troubleshoot claims, enrollme issues, authorization problems, or other system prob that are exceedingly complicated, unduly delayed or inappropriately handled. Work issues that cross reg boundaries.

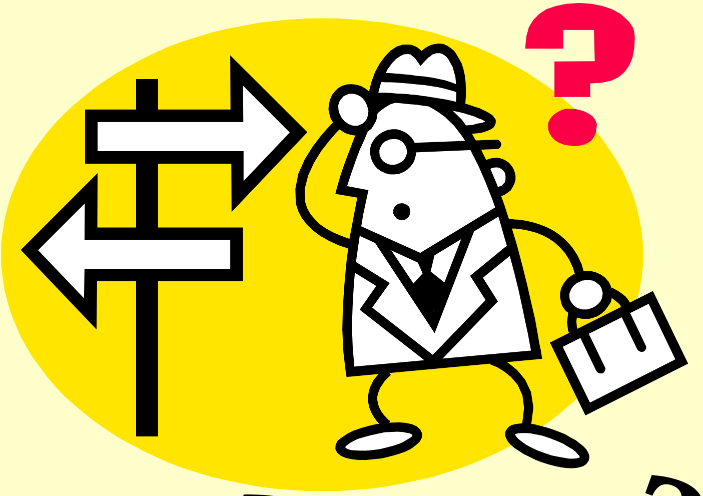
U.S. DEPARTMENT OF DEFENSE
MILITARY HEALTH SYSTEM
TRICARE: Your Military Health Plan
TRICARE

PATIENT/CUSTOMER SERVICE


North
1-877-TRICARE
West
North
West
1-888-TRIWEST
South
South
1-800-444-5445

DCAO – Assist beneficiaries in determining the validity of collection agent claims/negative credit reports received for debts incurred as a result of medical/dental care under the TRICARE Program. assist the beneficiary to obtain a determination as whether or not the basis for the underlying allege debt or collection notice is valid.

Questions?



Wilson Consolidated Troop Medical Clinic

OIC: MAJ(P) Pablo
NCOIC: SFC Miller
6-1680

Mission

Provide primary care services for enlisted service members from Army, Navy, Air Force, and Marines at FLW in a training status.

METL

- Treat injuries and illnesses
- Protect soldiers from further injury
- Get soldiers back to training

Operations

- Sick Call
- POR
- Physical Exams/MEB
  - Chapter, ELS, EPTS, Driver
- Risk Assessment
- Referral/Infirmary
- Mental Health Care
  - Unit Watch
  - Chaplain referral
- Pharmacy/Self-Care
- Laboratory
- Radiology
- Patient Administration
- Podiatry
- Physical Therapy
- Bicillin shoots
- No dental-Roll Dental
- 43rd Coverage

CTMC Hours of Operation

0600-1700 Monday-Saturday* effective 1 Aug 05

AM Sick Call Sign-In: 0600-0900* Mon-Sat	**PM Sick Call** Sign-In:1230-1430* Mon-Wed, Fri-Sat Thurs 0600-0900
BCT PHASES 43rd AG PTRP RHC	WARRIOR TOWER NBC RBT BRM NIC GRENADES FINAL APFT
MARCORDET NCOA USAF/USN FTX 169th EN 58th TR	AIT PHASES NCOA USAF/USN FTX

Follow-Up

Sign-In: 1230*

Mon-Wed, Fri-Sat

All Units

POR (by appointment)

Chapter/MEB-Part 1	Call for date	0900
Chapter/MEB-Part 2	Wed	1300
MEB-Part 3	Mon-Fri at GLWACH	By appt
Airborne	Mon-Fri	0700-0900
Overseas	Mon-Wed, Fri	0700-0900
Marine Drivers	Wed,Thurs	0630-0700

* Emergencies should immediately seek care at the Emergency Room. Urgent conditions should report to the CTMC at any time during operational hours.

Closed Sundays and Federal Holidays; **Closed Thursdays 1400-1700 for**

Sick Call Procedures

- Soldiers arrive with sick call slip from DS
- Met at front door by NCO
- Self-care patients temp taken
- Sick call patients signed in, VS taken
- Fevers (100.5) sent to Treatment Room, evaluated and treated, Infirmary admission, CTMC driver takes to hospital
- Others seen by provider, treated, sent to pharmacy as needed, signed out
- Soldier contacts unit and awaits pick-up (CTMC, gym)

Common Diagnoses

- Acute URI
- Routine General Medical Exam
- Joint Pain-Lower Leg, Pelvis, Ankle
- Conjunctivitis
- Acute Bronchitis
- Allergy
- Sprain of Knee, Ankle
- Respiratory Abnormality
- Stress Fracture of Bone
- Lumbago
- Acute Pharyngitis
- Dermatitis
- Noninfectious Gastroenteritis
- Cellulitis
- Asthma
- Pneumonia
- Anxiety
- Pregnancy
- Heat/Cold Injury

Considerations

- CTMC does not provide meals
- No sleeping, eating, talking policy
- Battle buddies remain outside or at Swift Gym, will not go to hospital
- Arrive at designated times
- Pick up as soon as possible

Questions?

TRICARE Basic Brief

TRICARE Management Activity

What is TRICARE?

A Healthcare Program Using Military Healthcare as the Main Delivery System

- Augmented by a Civilian Network of Providers and Facilities
- Serving our Active Duty, Their Families, and Retired Military/Families World Wide

TRICARE is
the same as before
(CHAMPUS = TRICARE Standard)

Plus More
(TRICARE Prime and Extra)

TRICARE is
a Better Benefit

TRICARE Goals

- Improve Medical Readiness
- Improve Access
- Maintain High Quality
- Contain Costs

TRICARE Options

TRIPLE OPTION

- **TRICARE Prime** *HMO Option*
  (Requires Enrollment and Cost Shares)
- **TRICARE Extra** *PPO*
  (Deductibles and Cost Shares)
- **TRICARE Standard** *Standard CHAMPUS*
  (Fee For Service)

TRICARE Prime:
A Superb Health Benefit

- Occupational Therapy
- Prescription Drugs
  -- Mail Order Discount Plan
- Vision Benefits
- Mammography
- Mental Health
- Dental

Superior to Most Civilian Health Plans

Choice

TRICARE OPTIONS	**Enrollment Fee**	**Co-Pay**	**Deductibl**
Prime (HMO)	No for Active Duty & Family Members Yes for Retirees & Family Members	No* Yes	No
Extra (PPO)	No	Yes	Yes
Standard CHAMPUS	No	Yes	Yes

* as of 1 April 2001

TRICARE Costs

Active Duty Members

- No Cost for Care to Active Duty Members
- Care Normally Provided in Military Facilities
- Supplemental and/or Emergency Care in Civilian Facilities Paid for 100%
- Active Duty Enrolled in Prime

Priority for Care in Military Hospitals

- Active Duty
- Active Duty Families Enrolled in Prime
- TRICARE (CHAMPUS) Eligible Retirees Enrolled in Prime
- Active Duty Families not Enrolled in Prime
- All Retirees (CHAMPUS & Medicare) not Enrolled in Prime

Where Beneficiaries Go for Help

- Local Military Treatment Facility (MTF)
- Local TRICARE Service Center (TSC)
- Beneficiary Counselors and Assistance Coordinators (BCAC)
- Debt Collection Assistance Officers (DCAO)

Access Standards

TRICARE Prime Access Standards

- Emergency Care (911 or Nearest Emergency Room)
  - 24 Hours a Day, 7 Days a Week
- Primary Care Wait Times
  - 1 Day - Acute Illness
  - 1 Week - Routine Visit
  - 1 Month - Well Visit
- Well/Specialty Care Wait Times
  - 1 Day - Urgent Care
  - 1 Month - Routine Visit
- 24 Hour Toll Free Health Care Information Line
- 24 Hour Toll Free TRICARE Service Line

How do I make appointments

- TRICARE Appointment telephone # 1-866-299-4234
- Clinic information 596-1490
- Appointments to outside (specialty providers) is done by the PCM completing a referral and the TRICARE Service Center coordination the appointment

TRICARE Prime Travel Reimb

- 100 miles (one way) from PCM
- Reimb. For actual expenses
- MTF will issue travel orders
- Not for AD SM
- Start 15 Feb 2002, Retro. 30 Oct 2000
- Fam. Member reimbursed for Child

Non-Medical Attendant

- Start 1 April, Retro. 28 Dec 2001
- 100 miles (one way) from PCM
- Reimb. For actual expenses
- Does not apply to AD SM
- Patient must be TRICARE Prime enrolled
- MTF issues travel orders

TRICARE Prime Remote

- TRICARE Prime for AD SM
- Assigned in remote locations
- Assigned a PCM
- All primary care and specialty care not requiring military review

TRICARE

www.tricare.osd.mil

Questions?

United States Army
Nutrition & Weight Control
Program
THE WEIGH TO STAY

"WEIGH" TO STAY: TRANSFORMING ARMY WEIGHT CONTROL NUTRITION EDUCATION PROGRAMS INTO A STANDARDIZED APPROACH

United States Army
Nutrition & Weight Control
Program

THE WEIGH TO STAY

“Weigh” to Stay

Vision: Army Dietitians (Active and Reserve) will provide a comprehensive, effective and ***standardized*** nutrition education program in support of the Army Weight Control Program.

"Weigh" to Stay

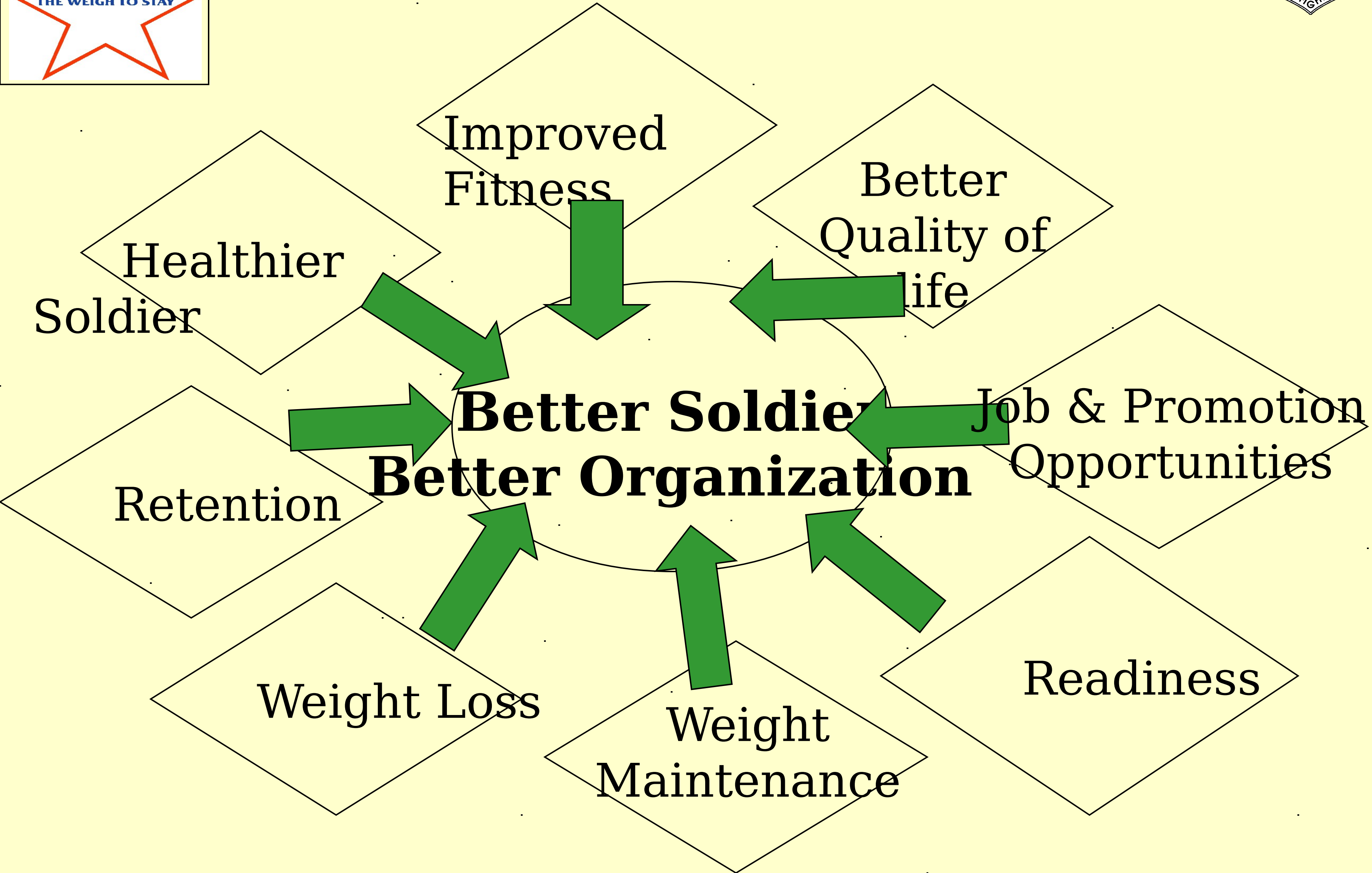
- **Program Goals:**
  - Provide a more extensive program that includes repeated contacts with health professionals to improve weight loss & maintenance
  - Improved readiness, retention, & well-being through diet and fitness
  - Make a standardized program that is used by health care professionals Army-wide

United States Army
Nutrition & Weight Control
Program

THE WEIGH TO STAY

“Weigh” to Stay

TO CONSERVE FIGHTING STRENGTH



Improved Fitness

Better Quality of life

Healthier Soldier

Better Soldier
Better Organization

Job & Promotion Opportunities

Retention

Weight Loss

Weight Maintenance

Readiness

“Weigh” to Stay Design

- Consists of Three Mandatory Classes
  - Taught in one day or separate days
- Consists of 90 and 180-day follow-up appointments
- Requires lab draw at all three appointments
  - Cholesterol and Fasting Glucose

“Weigh” to Stay Design at Ft. Wood

- Consists of **THREE MANDATORY** visits
- Scheduled by calling TRIWEST at 1-866-299-4234
- All three visits are scheduled at one time
- Initial Appointment (last Tuesday of every month)
  - **0815-1230**
  - **Includes all three initial classes**
  - **Lab Draw (soldier must be fasting 12 hours)**
  - **5th endorsement signed**
- 90 and 180-day follow-ups
  - **0815-1030**
  - **Lab Draw (soldier must be fasting 12 hours)**
  - **Brief follow-up with Dietitian**

United States Army
Nutrition & Weight Control
Program

THE WEIGH TO STAY

“Weigh” To Stay Design

- **Standardized Package includes:**
  - Three PowerPoint class presentations
  - Questionnaire, Reminder sheet, Patient Satisfaction Survey, Food and Exercise logs, various class worksheets
  - Module 7: Performance Your Weigh, Performance Power…The Nutrition Connection
  - Follow-up reminder cards

Initial Class #1 Topics

- **Class #1 Taught By Dietitian:**
  - Readiness for Weight Loss
  - Weight Gain/Loss/Maintenance/Goals
  - Nutrition Basics
  - Fad Diets/Nutrition Myths
  - Food Label Reading
  - Dining Out
  - Importance of Exercise/Physical Activity
  - Dietary Supplements

Initial Class #1 Topics

- **Class #1 Taught By Dietitian**
  - Menu Planning
    - Food Guide Pyramid
    - Individual Calorie Needs
  - Weight Loss Strategies
  - Meal Timing
  - Discuss using food and activity logs

Initial Class #2 & 3 Topics

- **Class #2 Taught By Physical Therapist**
  - – Exercise & Physical Activity
  - – Exercise Basics
    - Cardiovascular Conditioning
    - Strength Training
    - Flexibility Training
  - – Goal Setting
- **Class #3 Taught By Psychologist**
  - – Behavior Modification

United States Army
Nutrition & Weight Control
Program

THE WEIGH TO STAY

“Weigh” to Stay

- **Key Impact on Military Leaders:**
  - Required to allow soldiers to attend 3 classes
    - One-day session
  - Required to remind and allow soldiers to return for follow-up with Health Care Professional at regular intervals
    - 3 and 6-month follow-ups
    - Requirement of at least attendance of one follow-up even if soldier is removed from program

United States Army
Nutrition & Weight Control
Program
THE WEIGH TO STAY

“Weigh” to Stay

- **Key Impact on Soldiers:**
  - – Provides them a standardized program for ALL Active Duty and Reserve soldiers
    - The same program at any duty station
  - – More contacts with health professionals for guidance and support
    - Keeps soldier on the right track
    - Provides soldier personal attention for Q & A and additional guidance
  - – Requires more soldier involvement
    - Keeps them accountable for their weight loss progress
    - Improved dedication to weight loss

United States Army
Nutrition & Weight Control
Program

THE WEIGH TO STAY

QUESTIONS??

www.mypyramid.gov

2LT Susan Stankorb, RD, LD

Nutrition Care Division

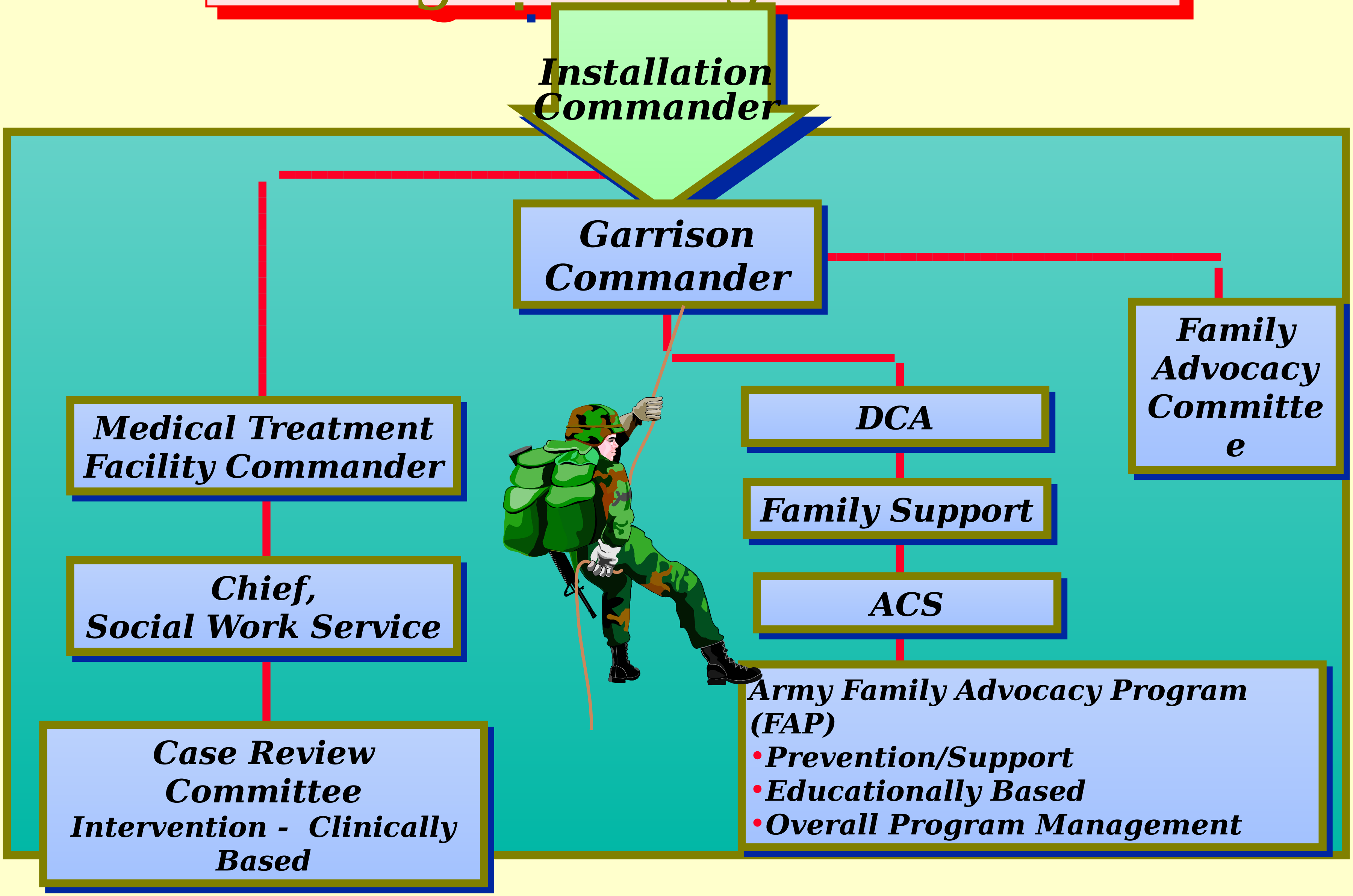
596-1762

SOCIAL WORK SERVICES DIVISION

FAMILY ADVOCACY PROGRAM

AR 608 - 18

Family Advocacy Program Organization



Installation Commander

Garrison Commander

Medical Treatment Facility Commander

Chief, Social Work Service

Case Review Committee
Intervention - Clinically Based

DCA

Family Support

ACS

Army Family Advocacy Program (FAP)
- Prevention/Support
- Educationally Based
- Overall Program Management

Family Advocacy Committee

FAP TREATMENT STAFF

- POSSESS A MASTER’S IN CLINICAL SOCIAL WORK
- LICENSED AS ADVANCED PRACTIONERS
- MEDDAC CREDENTIONALED/PRIVILEDGED
- ADVANCED TRAINING IN CHILD ABUSE ASSESSMENT/INTERVENTION AND DOMESTIC VIOLENCE

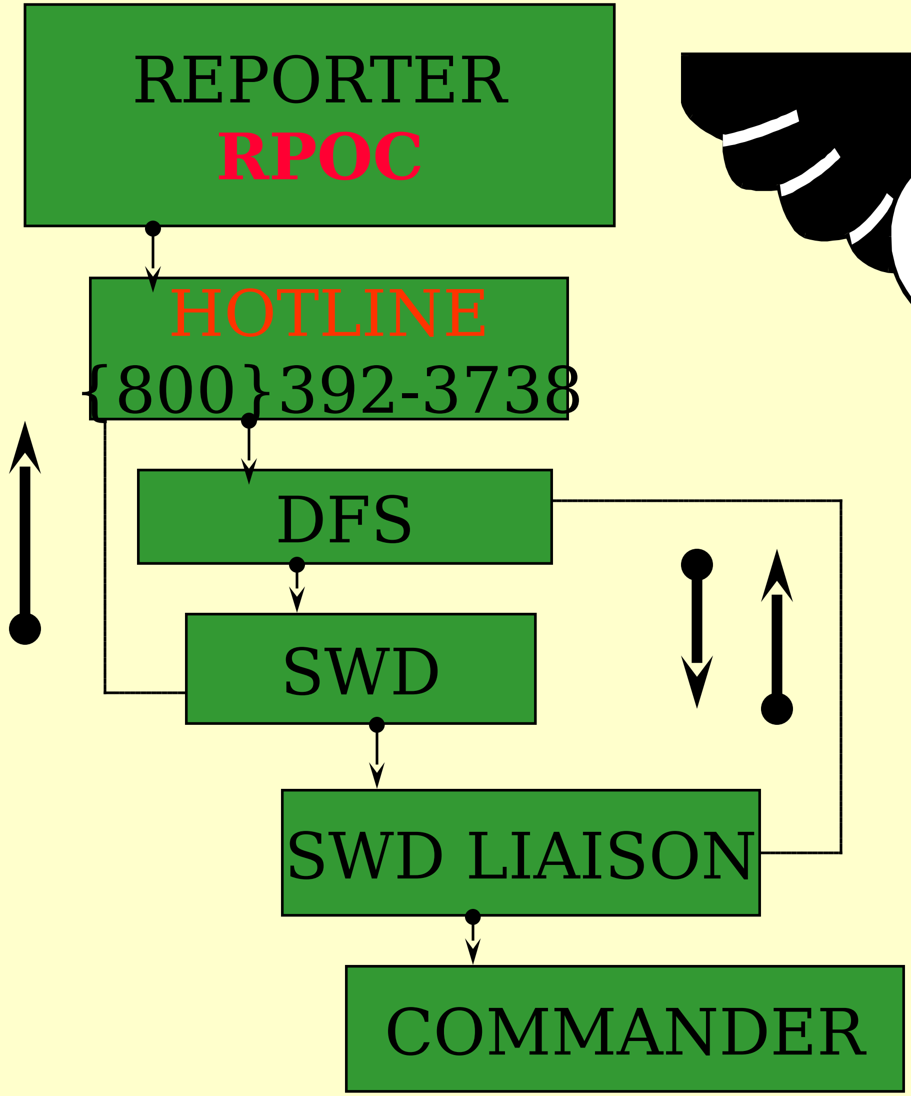
REPORTING POINT OF CONTACT

RPOC

FLW USA MEDDAC
Social Work

573-596-0446

CHILD ABUSE REPORTS



REPORTER
RPOC

HOTLINE
{800}392-3738

DFS

SWD

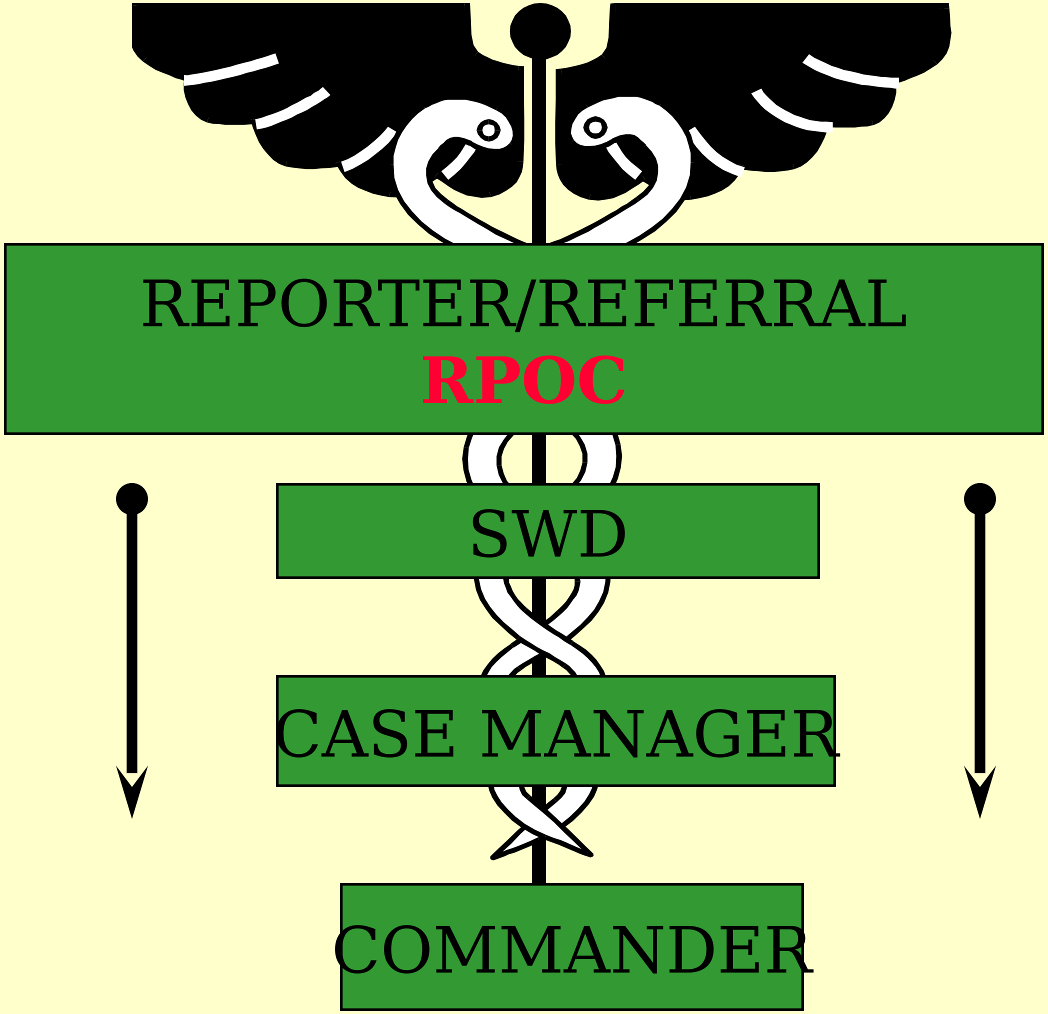
SWD LIAISON

COMMANDER

COMMAND NOTIFICATION CHILD ABUSE

- CID NOTIFIES COMMAND CHAIN AT TIME OF INITIAL INVESTIGATION.
- SWD NOTIFIES {TELEPHONIC} COMMAND W/IN 24 HRS OF REFERRAL FROM DFS.
- COMMAND ADVISED OF ALLEGATION AND SAFE PLAN.
- COMMAND RECEIVES A MEMORANDUM DELIENATING ALLEGATION AND CRC REVIEW PROCESS.
- COMMAND ADVISED OF CRC DATE AND TIME, A MINIMUM OF TWO OCCASIONS BY TELEPHONE AND EMAIL.

SPOUSE ABUSE



REPORTER/REFERRAL

RPOC

SWD

CASE MANAGER

COMMANDER

COMMAND NOTIFICATION DOMESTIC VIOLENCE

- TELEPHONIC WITHIN 24 HRS OF REFERRAL...COMMAND ADVISED OF EVENT{S}, ALLEGATIONS, SAFE PLAN, INTERVENTION STRATEGY.
- MEMORANDUM TO COMMAND
- A MINIMUM OF TWO NOTIFICATIONS OF CRC REVIEW DATE {TELEPHONIC & EMAIL}.

COMMAND MEMORANDUMS

- ROUTED THRU THE BATTALION COMMANDER TO THE COMPANY COMMANDER.
- ROUTED THRU THE BRIGADE COMMANDER WHEN THE SOLDIER IS NOT REPRESENTED BY THE COMMAND AT THE CRC.

CASE REVIEW COMMITTEE

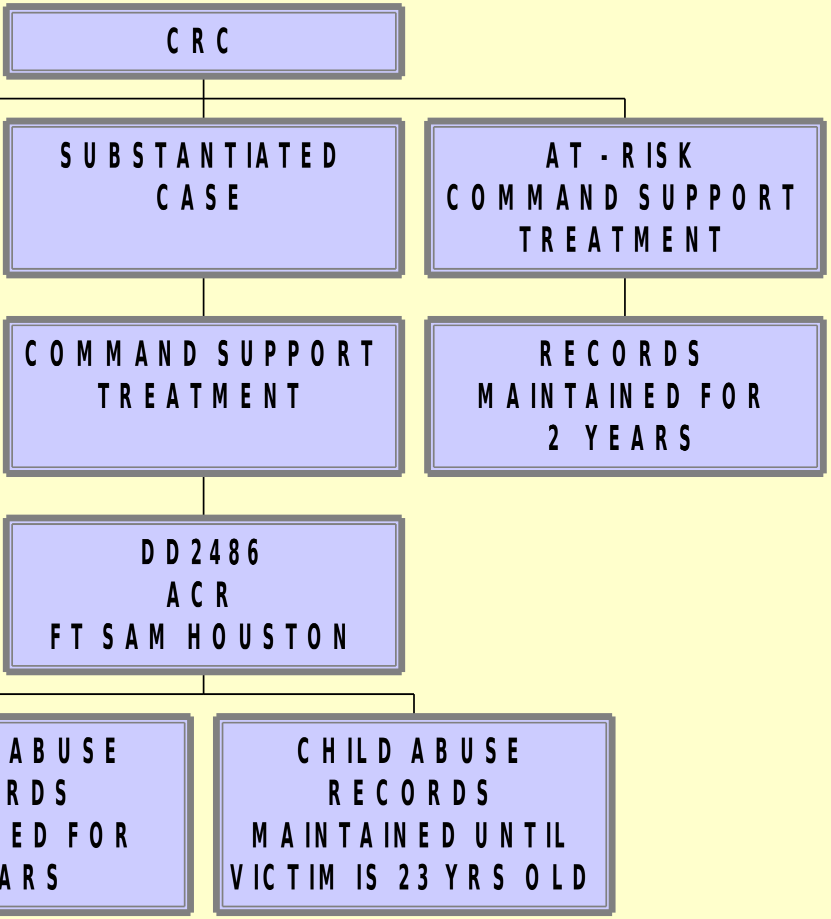
- C, SOCIAL WORK
- FAP MANAGER
- PHYSICIAN
- SJA
- CHAPLAIN
- CID
- PROVOST MARSHAL
- ASAP
- CASEMANAGER

COMMANDER AND 1ST SERGEANT INVITED TO CRC TO REPRESENT EACH SOLDIER.

CRC IS SUPERVISED BY THE MEDDAC COMMANDER.

ONE-TIME REVIEW OF CRC

FAP CASE DETERMINATION



CRC

UNSUBSTANTIATED CASE

SUBSTANTIATED CASE

AT - RISK COMMAND SUPPORT TREATMENT

RECORD MAINTAINED FOR 2 YEARS

COMMAND SUPPORT TREATMENT

RECORDS MAINTAINED FOR 2 YEARS

DD2486 ACR FT SAM HOUSTON

SPOUSE ABUSE RECORDS MAINTAINED FOR 5 YEARS

CHILD ABUSE RECORDS MAINTAINED UNTIL VICTIM IS 23 YRS OLD

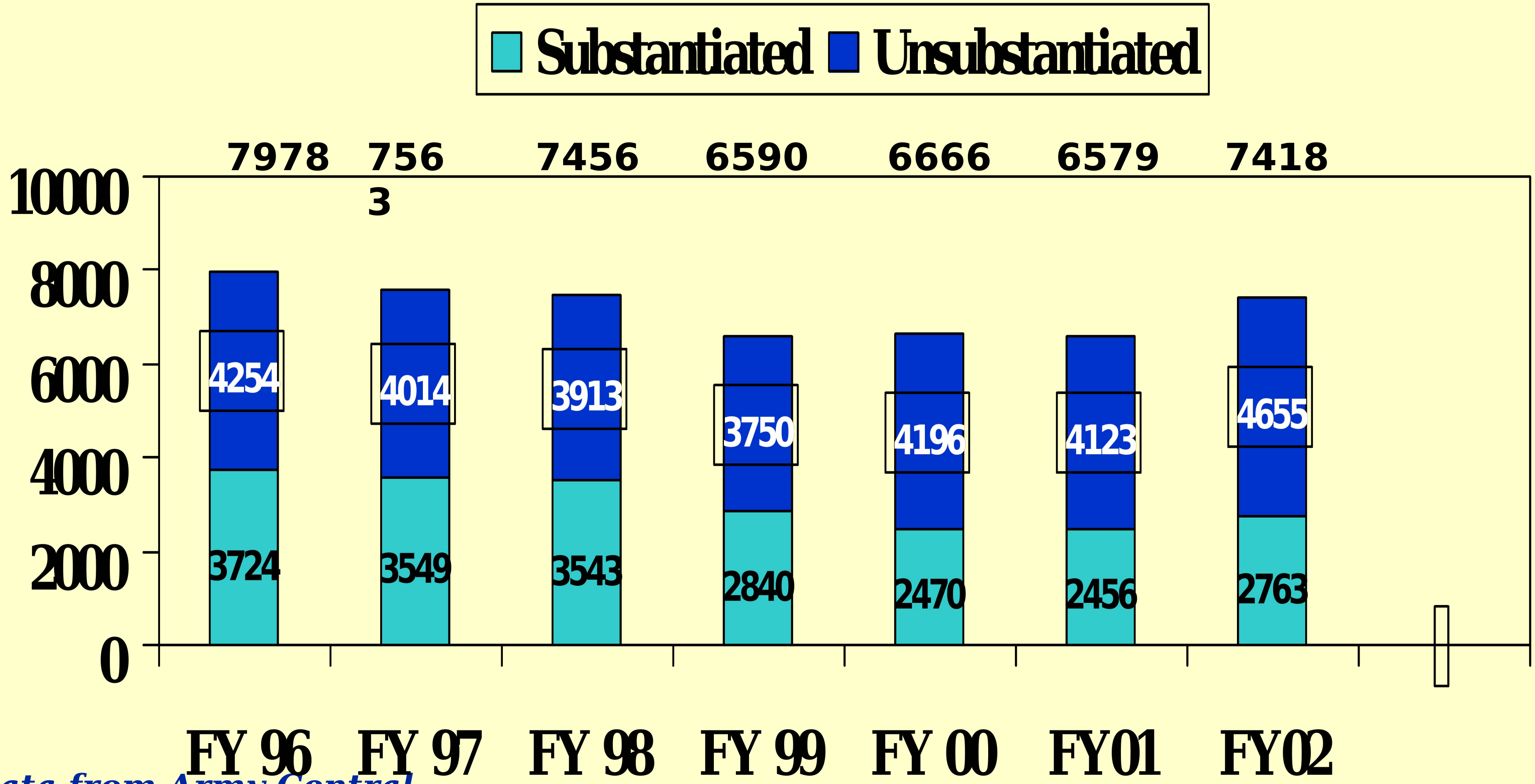
UNIT COMMANDER
AR 608-18
1-7.b.

- **Attend child/spouse education programs**
- **Troop awareness briefings**
- **Be familiar with rehabilitative, administrative, and disciplinary procedure**
- **Report suspected child or spouse abuse**
- **Attend CRC presentations**
- **Facilitate soldier participation in FAP interventions**
- **Support and comply with CRC recommendations**

UNIT COMMANDER
TO
CONSIDER CRC RECOMMENDATIONS

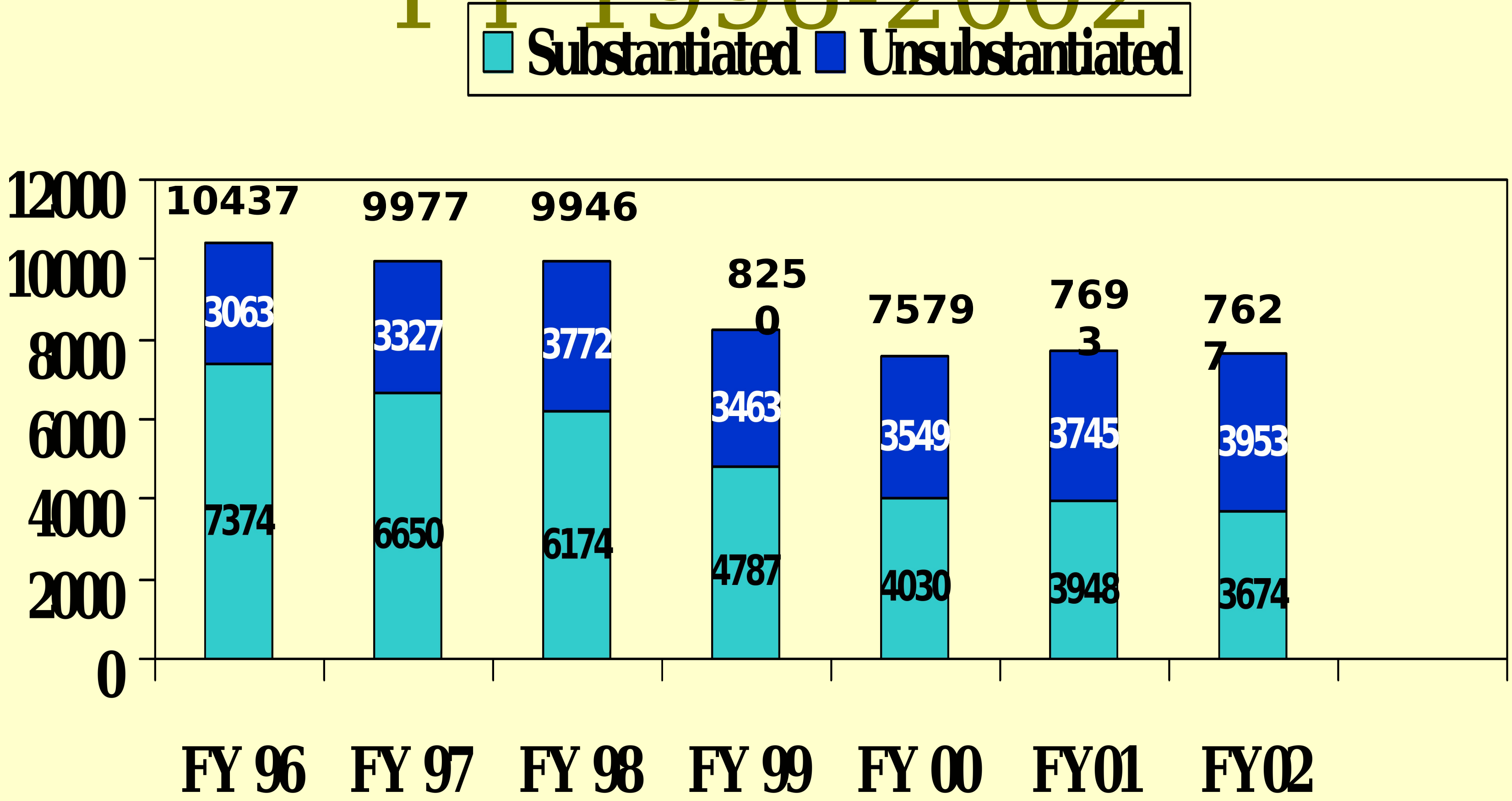
- **Before mandatory counseling referral**
- **When taking administrative actions**
- **Before deferment or deletion of orders**
- **Before reassignment of soldier**
- **Before initiating separation orders**
- **Notify CRC when soldier is reassigned**
- **Encourage civilian participation**

U.S. Army Child Abuse Cases FY 1996-2002



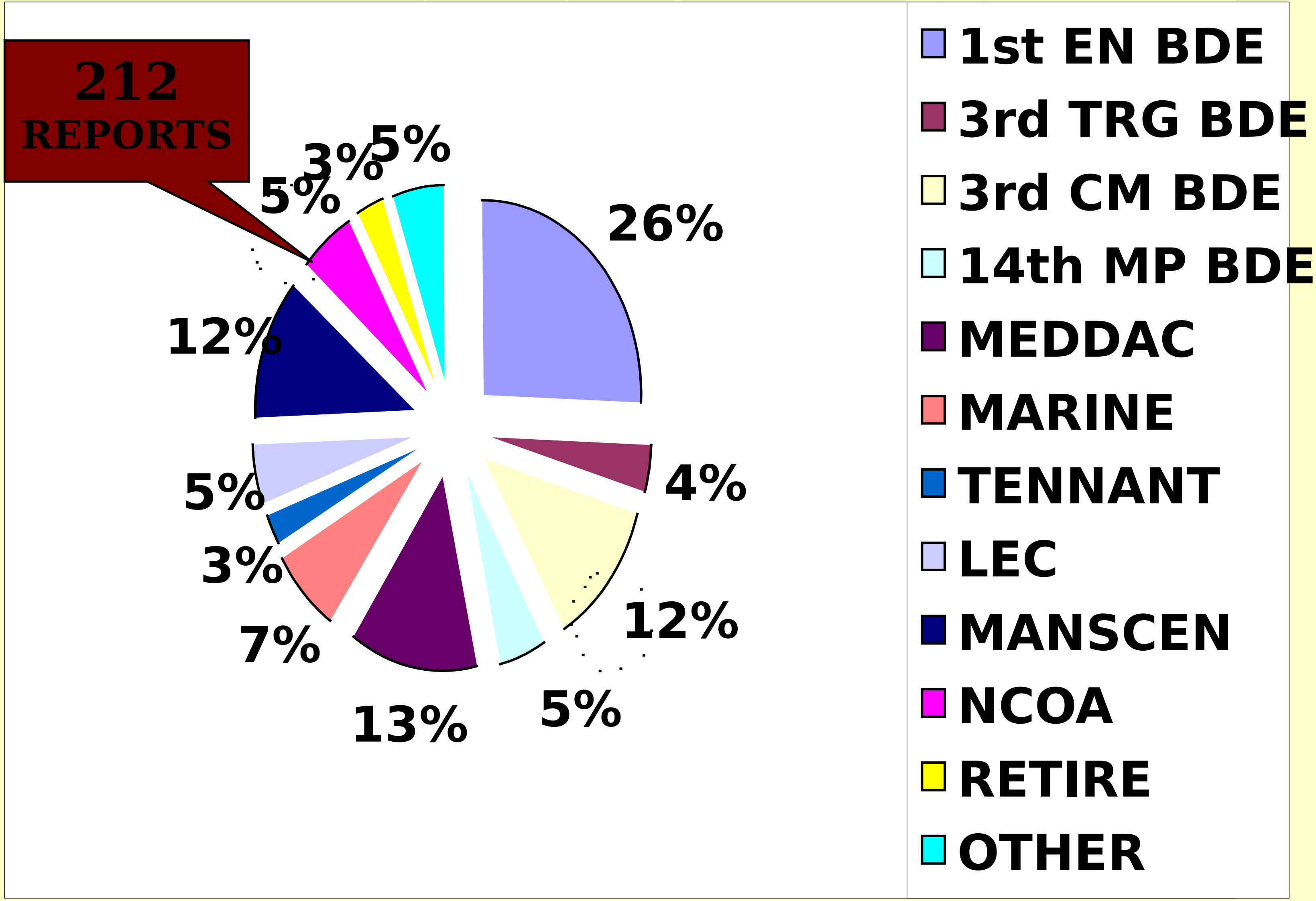
Data from Army Central Registry

U.S. Army Spouse Abuse Cases FY 1996-2002

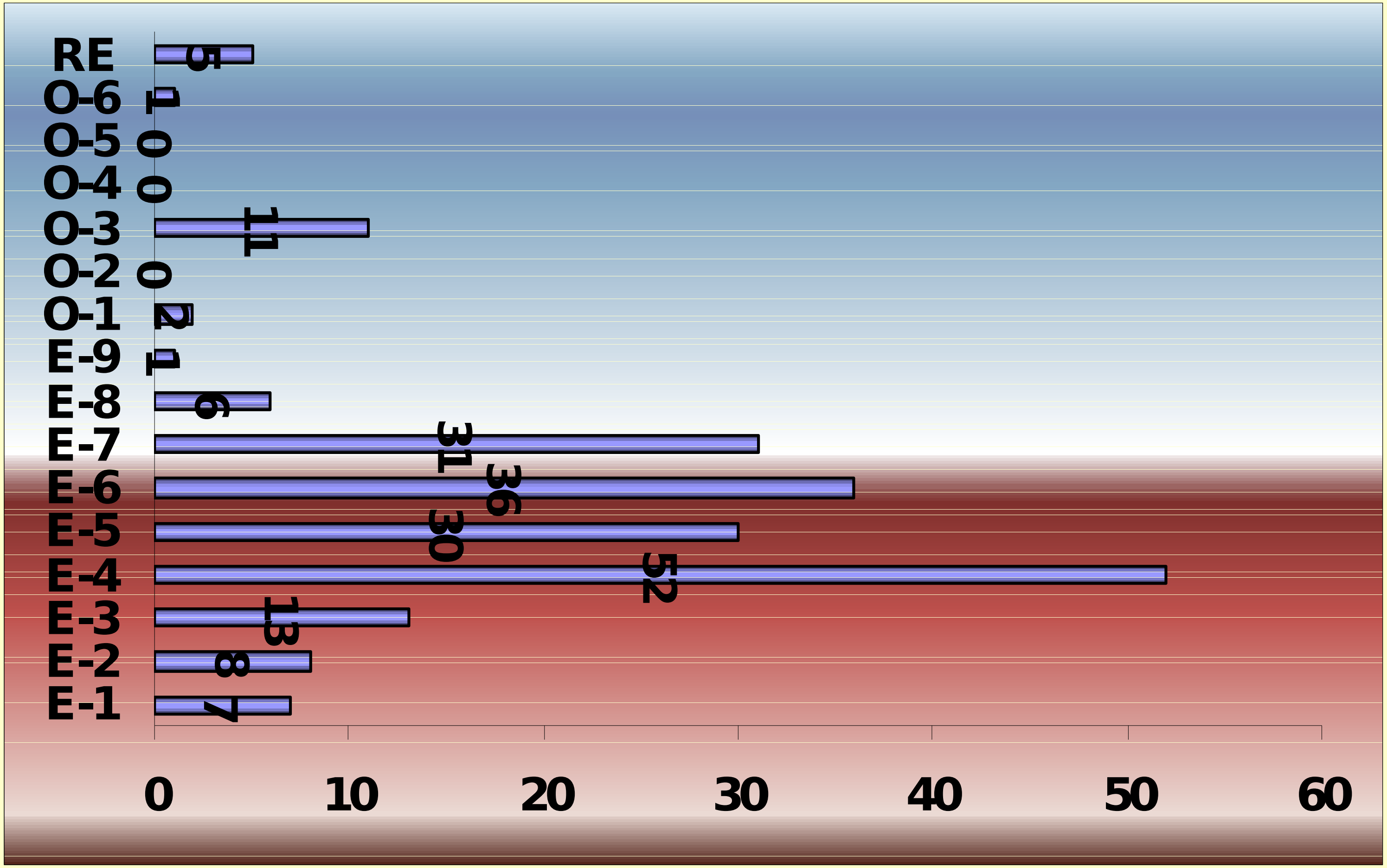


Data from Army Central Registry

TOTAL CHILD AND DOMESTIC VIOLENCE REPORTS FOR FY 2002



REPORTS BY RANK



SOCIAL WORK
&
CHAPLAIN INITIATIVE

- **Team collaboration in Jan-Mar 2003.**
- **Methods to negate barriers to care.**
- **Intervene at earliest rehab opportunity.**
- **Begin relationship building with Command, emphasis on Ch/SW team.**
- **Assign Clinical Social Workers to units.**

SOC WORK/CHAPLAINCY OBJECTIVES

- **Team building for coordinated SW/CH interventions.**
- **Functional rapport with Command Chain.**
- **Early referral of soldier/family to enhance intervention potential.**
- **Increase marital/family referrals, decrease in abuse and/or domestic violence reports.**
- **Sustained healthier family resulting in fewer deployment stressors for the soldier and Command.**
- **Quarterly metrics to Command at MEDDAC BDE Commander's update.**

CHAPLAINCY & SOCIAL WORK

INITIATIVE

169th EN BN	CH {CPT} OCHNER	1ST EN BDE	DEBRA YAMNITZ MSW BECKY RAGLAND MSW
35th EN BN	CH {CPT} LANDRUS		
554th EN BN	CH {MAJ} TYREE		
577th EN BN	CH {CPT} GENTLE		
5th EN BN	CH {CPT} BROOKS		

1-48th IN	CH {CPT} COTTON	3D TRG BDE	SANDY STULLER MSW
2-10th IN	CH {CPT} PORTER		
3-10th IN	CH {1LT} STONER		
TNG SPT BN	CH {LTC} WUNSCH		

58th TRANS BN	CH {CPT} LORENC	3D CM BDE	DEBRA YAMNITZ MSW
82D CM BN	CH {CPT} BAIZE		
84th CM BN	CH {MAJ} KOYAMA		
HQ CM BN	CH {MAJ} KOYOMA		

CHAPLAINCY & SOCIAL WORK INITIATIVE

701st MP BN
787th MP BN
795th MP BN

CH {VACANT}
CH {1LT} HODGE
CH {CPT} MCNEELY

14TH MP BDE

BECKY RAGLAND MSW

USA MEDDAC
DENTAC
MARINE CORPS DET
NAVY
AIR FORCE

CH {CPT} BASSAW
CH {CPT} BASSAW
CH {LCDR} DINKINS
CH {LCDR} DINKINS
CH {LCDR} DINKINS

TENNANT UNITS

SANDY STULLER MSW

SHAWN STEEN MSW

252 MP CO
463 MP CO

CH {LTC} WUNSCH
CH {LTC} WUNSCH

LEC

SHAWN STEEN MSW

399TH BAND
43D AG BN
HQ CO

CH {CPT} CERUTTI
CH {CPT} CERUTTI
CH {LTC} WUNSCH
CH {CPT} CERUTTI

MANSCEN & NCOA

GARY MICKA MSW

BECKY RAGLAND MSW

DOMESTIC VIOLENCE PROCESS ACTION TEAM

- 72 HOUR POLICY
- CRISIS SHELTERS
- MP’S/PRIMARY AGGRESSORS
- LOCATION OF INITIAL ASSESSMENTS
- SWD/VICTIM ADVOCATE COORDINATION

ADULT SEXUAL ASSAULT

I. NOTIFICATIONS:

- * SOCIAL WORK
- * USA CID
- * CIVILIAN LAW ENFORCEMENT
- * OB/GYN
- * MILITARY POLICE
- * AOD/SNOC
- * CHAPLAIN

II. INTEREVNTIONS:

- * SOCIAL WORK
- * MEDICAL STAFF
- * LAW ENFORCEMENT

Questions?

Injury Prevention “In Brief”

MAJ Barry Whiteside
Physical Therapy
General Leonard Wood Army Community Hospital

Outline

- Types of injuries
- Causes of overuse injuries
- Treatment of overuse injuries
- Prevention of overuse injuries

Types Of Injuries

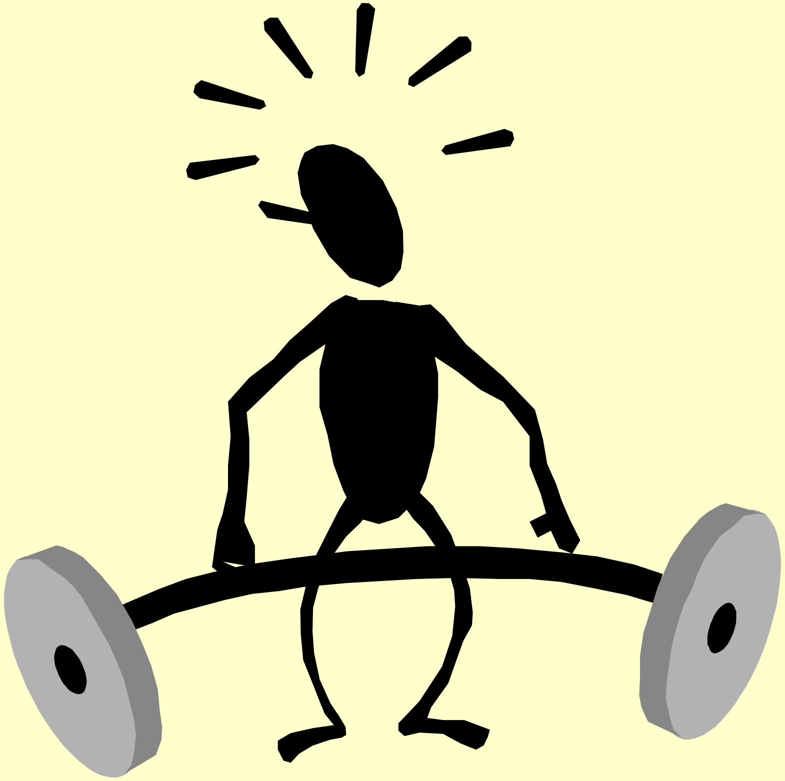
Traumatic

- Sprains/Strains
- Dislocations
- Traumatic Fractures

Overuse

- Tendonitis
- Patellofemoral Pain (PFPS)
- **Stress Reactions / Stress Fractures**

Overuse Injuries



Stress Reactions and Stress Fractures

Stress Injury Continuum (Bone)

Normal Bone

Run, Jump, March with no pain

Stress Reaction

Pain only with RJM

(Slight Limp)

Stress Fracture

Resting and Weight-bearing Pain

Stress Reactions

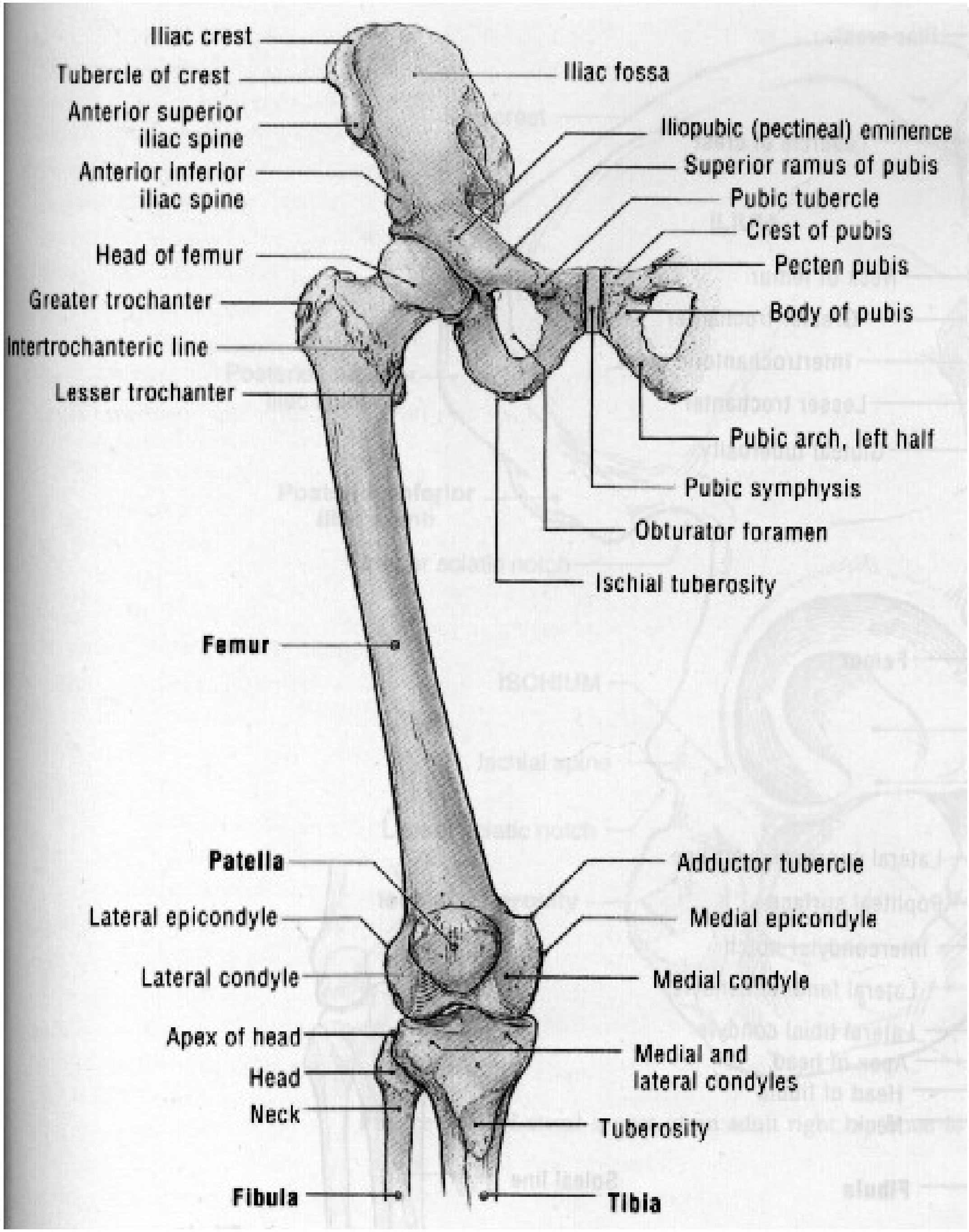
- Overuse Injury
- Diffuse area of pain
- No focal area of structural weakness
- Negative x-ray
- Diffuse uptake on a bone scan
- “Trainable” injury

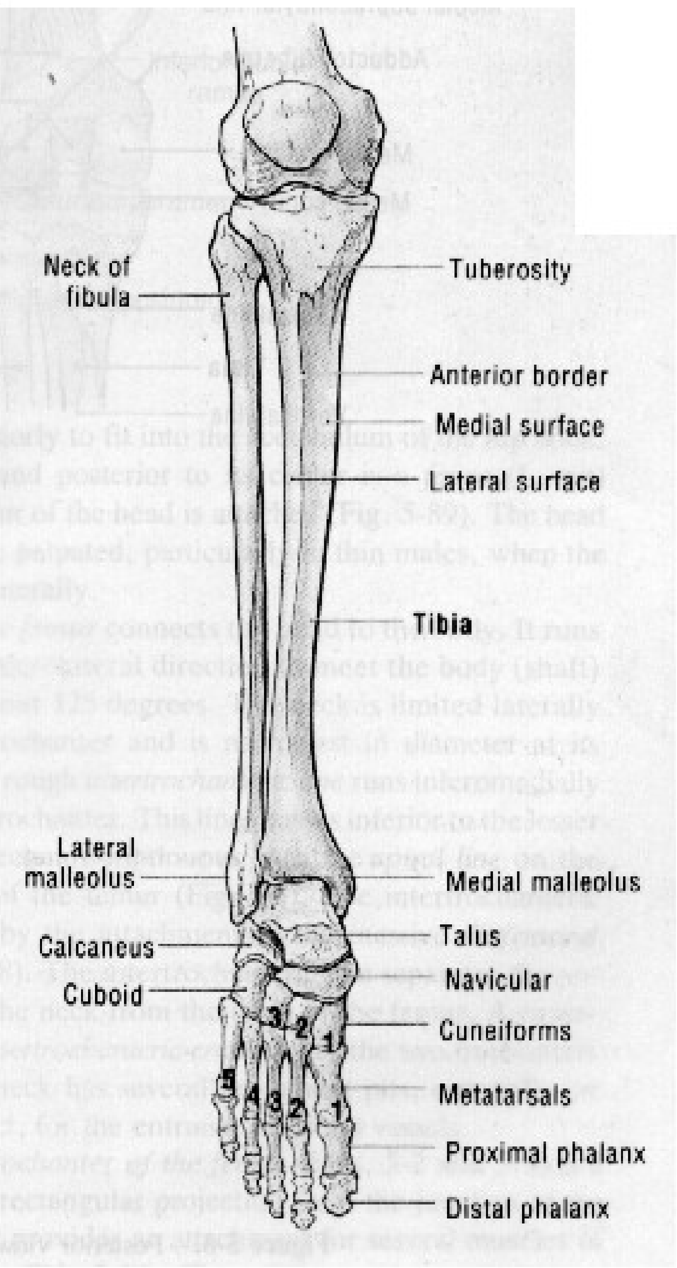
Stress Fractures

- Overuse Injury
- Focal pain
- Focal micro-cracks in the bone
- Focal injury on x-ray and bone scan
- May progress to unstable injury
- MUST decrease stresses to bone – stop training

Contributing Causes of Stress Fractures

- Repetitive Microtrauma
- Poor nutrition
- Poor physical condition
- Inadequate Rest
- Rapid increase in physical activity
- New activity type
- Improper equipment (shoes & boots)
- Training surface


Iliac crest
Tubercle of crest
Anterior superior iliac spine
Anterior inferior iliac spine
Head of femur
Greater trochanter
Intertrochanteric line
Lesser trochanter
Iliac fossa
Iliopubic (pectineal) eminence
Superior ramus of pubis
Pubic tubercle
Crest of pubis
Pecten pubis
Body of pubis
Pubic arch, left half
Pubic symphysis
Obturator foramen
Ischial tuberosity
Femur
Patella
Lateral epicondyle
Lateral condyle
Apex of head
Head
Neck
Fibula
Adductor tubercle
Medial epicondyle
Medial condyle
Medial and lateral condyles
Tuberosity
Tibia


Neck of fibula
Tuberosity
Anterior border
Medial surface
Lateral surface
Tibia
Lateral malleolus
Medial malleolus
Talus
Calcaneus
Navicular
Cuboid
Cuneiforms
Metatarsals
Proximal phalanx
Distal phalanx
1
2
3
1
2
3
4
5

Healing Times for Fractures

- IPR : 3-5 months
- Tibial: 8-12 weeks
- Metatarsal : 6-8 weeks
- Femoral : 8-12 weeks
- Femoral Neck : 3-6 months
- Treat by time, symptoms, healing on X-ray
- Soldier usually does not graduate with original company

When Bone Scan?

- Used to identify high risk stress fractures (symptoms located above the knee)

WHEN:

  - X-rays return negative two times (at least 3-weeks after onset of pain)

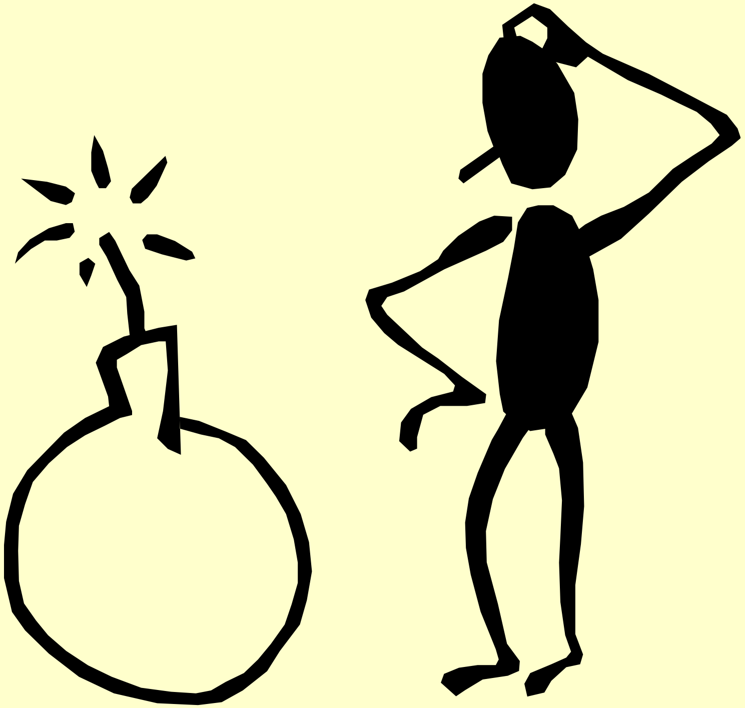
  OR

  - Symptoms remain intense without improvement

If negative bone scan?

- Soldier is safe to train (hurting but not hurt)
- Train within pain tolerance levels
- Most likely, poor prognosis secondary to inability to train with pain

Pathology of Overuse Injuries



Contributing Factors to Injury

Intrinsic

- Fitness level
- Anatomy/Body Comp
- Gender
- Age
- Height
- Prior injury
- Smoking history
- Flat feet

Extrinsic

- Training parameters:
  Frequency, Intensity, Duration, Type
- Equipment
- Environment
- Motivation??

Effects Of Running Duration On Injury And Endurance

- Intensity Held Constant: 85-90% HR Max
- Frequency Held Constant
- Duration Varied:
  - Control: 0 min/day, 0 days/week
  - Group A: 15 min/day, 3 days/week
  - Group B: 30 min/day, 3 days/week
  - Group C: 45 min/day, 3 days/week

Pollock, Ml. Med Sci Sports.

Effects of Training Duration on Incidence of Injury and Endurance (VO_2 max)

Duration (mins/day)	*Change in Endurance*	*Injury Incidence*
0	0.0%	0%
15	8.6%	22%
30	16.1%	24%
45	16.9%	54%

Effects Of Running Frequency On Injury And Endurance

- Intensity Held Constant: 85-90% HR Max
- Duration Held Constant: 30 minutes
- Frequency Varied:
  - Control: 0 days/week
  - Group A: 1 days/week
  - Group B: 3 days/week
  - Group C: 5 days/week

Pollock, Ml. Med Sci Sports. 9(1);

Effects of Training Frequency on Incidence of Injury and Endurance (VO_2 max)

Frequency (days/wk)	***Change in VO_2 max***	***Injury Incidence***
0	**-3%**	**0%**
1	**8%**	**0%**
3	**12.9%**	**12%**
5	**17.4%**	**39%**

Duration Constant, Frequency Change

Treatment

Treatment Goals

- Soldier Safety / Early detection of injury
- Soldier Education
- Complete training course (BCT/AIT)
- Full RTD if possible
- Get to permanent duty station for extended care plan

Treatment

- Early detection
- Rest
- Pain medication
- Casting if needed
- Modify Activity

- Slow Activity Progression
  - Swim/Bike
  - Stair master/Elliptical Runner
  - Treadmill/ Track
- PTRP if needed and appropriate

“You have to walk before you can run”

Prevention Recommendations

- Decrease Total Training Volume
  - Run no more than 3 times per week for 30 min
    - RM=run day
  - Gradual Build-up in Run speed
  - Mix in Interval Training, grass drills, swimming, gym cardio equipment, ultimate frisbee . . .
  - Use ability groups

- Recovery Time
  - No Running on two or more successive days!
  - No Run on Exhaustive Training days

Prevention Recommendations

- Reduce the Impact
  - PT shoes:
    - initial RM (during wks 1-3)
    - All day on run days first three weeks
    - Replace shoes every 300-400 miles/6-9 months

- Road Guards
  - Minimum height of **5’ 6”**
  - A or B PT run group for marches
  - ***Rotate*** during marches/runs (pool of guards)
  - ***Rotate*** between events/days

Prevention Recommendations

- March and Movement Policy
  - Shortest to tallest for all distances > 2k
  - No speed marching (106 steps/min or 5k/hr)
  - Stretching for RM (before and after)

How You Can Help

- Follow Profiles/Codes for rest
- No physical training as “punishment”
- Flexibility:
  - 30 sec hold
  - fatigued / warm muscles stretch better
- If soldier is run at own pace or newly RTD, run them in a lower ability group
- Gradual return to full level of activity after being released from code (recovery period prior to APFT)

Ultimate Goal:

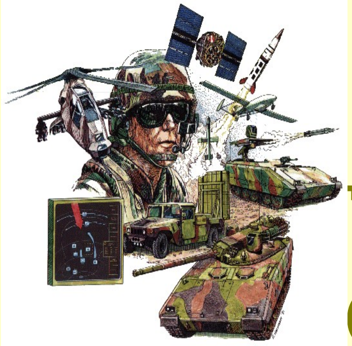
Return To Full Duty
As Soon As Possible!

Balance Soldier Safety With Appropriate Training

CTMC Physical Therapy

596-1859

Questions?



FORT LEONARD WOOD COMBAT LIFE SAVER COURSE

COURSE DIRECTOR

SSG Drewelow

596-9612

HOW TO GET A COMBAT LIFE SAVER SLOT

- You must send your request through your unit Training NCO
- The unit Training NCO goes through the Battalion Training NCO
- The Battalion Training NCO goes through the Brigade Training NCO
- **NOTE: The Brigade Training NCO must send the names to SFC Holden 596-9434**
- **Two weeks prior to course start date**

HOW ARE SLOTS ALOCATED

- Each Brigade/Unit is authorized the following number of slots per month
- 14th MP BDE – 3 slots
- 3rd Training BDE – 3 slots
- 3rd Chemical BDE – 3 slots
- NCO Academy – 3 slots
- 1ST Engineer BDE – 3 slots

HOW ARE SLOTS ALOCATED

(CON'T)

- 43rd AG – 2 slots
- Air Force – 2 slots
- Marines – 2 slots
- Navy – 2 slots
- Meddac – 1 slot
- DOD Civilians Space Available
- **NOTE: 24 Slots Total**

LENGTH OF COURSE

- Monthly Combat Life Saver Courses are 3 days in duration
- Recertification Courses are 1 day in duration
- **NOTE: Soldier can miss no more than 2 hours of the course or they will be dropped**

CRITICAL TASK

- Soldier must successfully treat a soldier for shock requiring a tourniquet and treat a closed fracture
- Soldier must successfully start a IV on their battle buddy
- **NOTE: Soldier only gets 3 chances to successfully start a IV**

HOW TO MAINTAIN YOUR COMBAT LIFE SAVER CERTIFICATION

- You must attend a Combat Life Saver Recertification Course each year per TRADOC Surgeon

NOTE: The Combat Life Saver card is good for 1 year

DO WE ACCEPT WALK-INS?

- Walk-ins will be taken on the morning of the class start date

- If you are replacing someone on the list. Let the Instructor know at that time

COMBAT LIFE SAVER
RULE #1

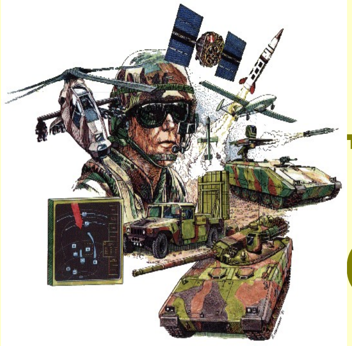
- Do not bypass your training NCO’s. He will maintain a list of all CLS assigned and their training dates.

- POC for Combat Life Saver Bag resupply is Mr. Don Hall 596-9702.

Questions?

GLWACH Hospital Tour

Questions?



FORT LEONARD WOOD COMBAT LIFE SAVER COURSE

COURSE DIRECTOR
SSG Anderson 596-5252
COURSE CORDINATOR
Mr. Mata 596-4532

HOW TO GET A COMBAT LIFE SAVER SLOT

- You must send your request through your unit Training NCO
- The unit Training NCO goes through the Battalion Training NCO
- The Battalion Training NCO goes through the Brigade Training NCO
- **NOTE: The Brigade Training NCO must send the names to Mr. Mata 596-4532**

LENGTH OF COURSE

- Monthly Combat Life Saver Courses are 3 days in duration
- 1st and 3rd weeks of the month, Tuesday-Thursday
- No Recertification Course FY06 (NEW STANDARDS)
- CLS card is good for 1 year, must recertify yearly per TRADOC Surgeon
- **NOTE: Soldier can miss no more than 2 hours of the course or they will be dropped**

CRITICAL TASK

- Soldier must successfully treat a soldier for shock requiring a tourniquet and treat a closed fracture
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Questions?

Commander/1SG Course

MAJ Jon James

Preventive Medicine Division
General Leonard Wood Army Community Hospital

Unit Commander Responsibilities for FST

Who Must Have a FST?

- **All units, training and permanent party**
- **AR 40-5**

The FST is important because it is responsible for those preventive medicine measures (PMM) that affect units as a whole or are beyond the resources of the individual soldier IAW

FST Teams

- Must consist of at least two soldiers
- One member must be an NCO
- Units with a 91W will select these personnel due to their MOS training in field sanitation and medical care
- All FST members will receive FST certification training regardless of their MOS/AOC

- **For the unit to benefit from the training given to members, service members should have at least 6 months of service remaining with the unit to be referred for training.**
- **Members of the FST must have time to accomplish duties.**

A FST MUST BE PROPERLY EQUIPPED

- **AR 40-5 and FM 4-25.12 contain equipment lists of required items for a unit.**
- **Commanders must make a priority these items are on hand, serviceable, and repaired/replaced as necessary.**

Roles of the FST Team

- **Unit Water Supply**
- **Field Food Sanitation**
- **Field Waste Disposal**
- **Arthropods and Animals**
- **Unit PMM**
- **Bivouac Sites**
- **Heat Injury/Cold Injury Prevention Classes**

Apply these principles to ensure success of your unit’s mission:

- **Individual soldiers are responsible for putting individual PMM into practice.**
- **Commanders are responsible for implementing and enforcing PMM.**
- **FST members are responsible for advising the commander and training the unit’s soldiers in appropriate PMM.**

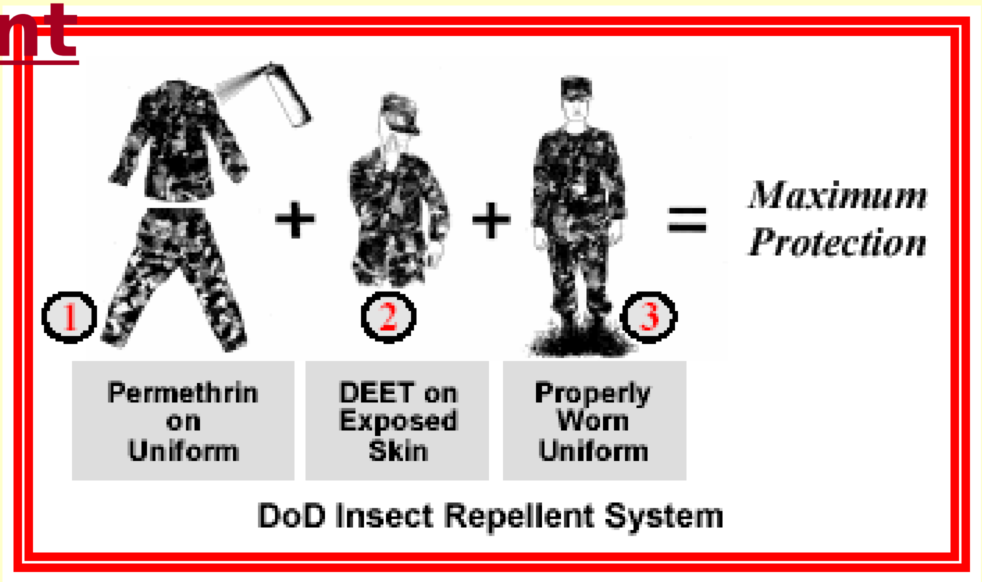
Med Threat at FLW

- **Heat**
- **Cold**
- **Arthropods (mosquitoes, ticks)**
- **Animals (snakes, wild boar)**

DoD Insect Repellant System

Permethrin Treatment

IDAA KIT
(50 washings)


+
+
=
Maximum Protection
1
2
3
Permethrin on Uniform
DEET on Exposed Skin
Properly Worn Uniform
DoD Insect Repellent System

Aerosol
(5-6 washings)

DURANON TICK REPELLENT
COULSTON'S
CAUTION

DEET lotion

3M
ULTRATHON
INSECT REPELLENT
2 FL.OZ.•59 ml

MOPP Gear and Body Armor

- **Add for wearing MOPP gear during easy work, for moderate and hard work\, and for wearing body armor to the final WBGT index.**

Other Services Offered By Preventive Medicine Division

Environmental Health Service

- **Family Child Care Home Inspection**
- **Field Sanitation Team Course**
- **Courtesy Inspections (Opening/Re-Opening DFACS & Food Establishments)**
- **Food Handlers Course/ Special Event Application**

Environmental Health Service

- **Cold injury prevention classes**
- **Heat injury prevention classes**
- **Non-Food Facility Sanitation Inspections (Barracks, Ranges, Training Areas)**
- **Entomological Calls (Rodents, Ticks, etc.)**
- **Medical Threat Briefings**

Industrial Hygiene Service

- Elimination & Control of hazards preventing occupational illnesses, injuries, and death to soldiers and civilian employees.
- Conducting light, noise, ventilation surveys & studies and applying it toward the prevention of occupational illnesses and injury.
- Air sampling to characterize work exposure to potential health hazards, which facilitates exposure-based medical surveillance and occupational healthcare.

Industrial Hygiene Service

- **Perform Industrial Hygiene functions in support of allied programs such as Safety, Chemical Surety, Respiratory Protection, Ergonomics, Environmental Protection Agency Programs & Asbestos and Lead Control.**
- **Indoor air quality investigations for existing buildings and structures. Design/Review and consulting on all newly designed buildings and structures.**

Occupational Health Service

- Screening and in-processing of Active Duty personnel, DAC, and NAF employees and some contract employees.
- Perform inventory of chemical, biological, and physicals hazards in the workplace.
- Provide job related medical surveillance.
- Perform pre-placement, periodic, return to work, termination, and fitness for duty exams.
- Evaluate occupational illnesses and injuries.
- Perform occupational vision screenings for safety eyewear.

Occupational Health Service

- Provide health education and counseling.
- Conduct work related pregnancy surveillance assessments.
- Perform work site evaluation.
- Provide management of blood and body fluid post exposure surveillance.
- Participate in case management of workers' compensation claims.
- Perform hearing conservation testing

Community Health Resource Center

Army Public Health Nursing

- **Tuberculosis Screening & Education**
- **Travel Clinic**
- **Child and Youth Health Program**
- **HIV/AIDS Awareness (Required unit training per AR 600-110)**
- **Personal Hygiene (IET Units Only)**
- **STD Awareness**

Community Health Resource Center

Health Promotion

- **Asthma Awareness**
- **Cholesterol Control**
- **Controlling High Blood Pressure**
- **Healthy Pregnancy Program**
- **Managing Diabetes**
- **Tobacco Cessation-** ***We will bring this training to the unit. Minimum 6 participants.***
- **Self Care/Over the Counter Medication Program**

Radiation Program Service

- **Ensure compliance with Nuclear Regulatory Commission (NRC), Food and Drug Administration (FDA), Department of Transportation (DOT), Occupational Safety and Health Administration (OSHA), and all Army Regulations**
- **Perform weekly radiation contamination surveys**
- **Ensure all radiation producing devices are surveyed annually and operate within regulatory standards**
- **Shipping and receiving of radioactive materials**
- **Monitoring radiation exposures for occupational workers and patients if applicable**
- **Conduct annual radiation safety training for staff**
- **Assisting with any emergency radiation-related incident**

Epidemiology and Disease Control Service

- Systematic study of factors influencing and determining disease or conditions in a specific population.
- Also, routine collection, analysis, and breakdown of data is initialized to prevent and control communicable diseases.
- Monitors outbreaks and injuries

15 Minute Break

Commanders and 1SG Briefing

Community Health Resource Center

Public Health Nursing - 596-0518

and Health Promotion Center - 596-0491

Community Health Resource Center

Public Health Nursing and Health Promotion Center

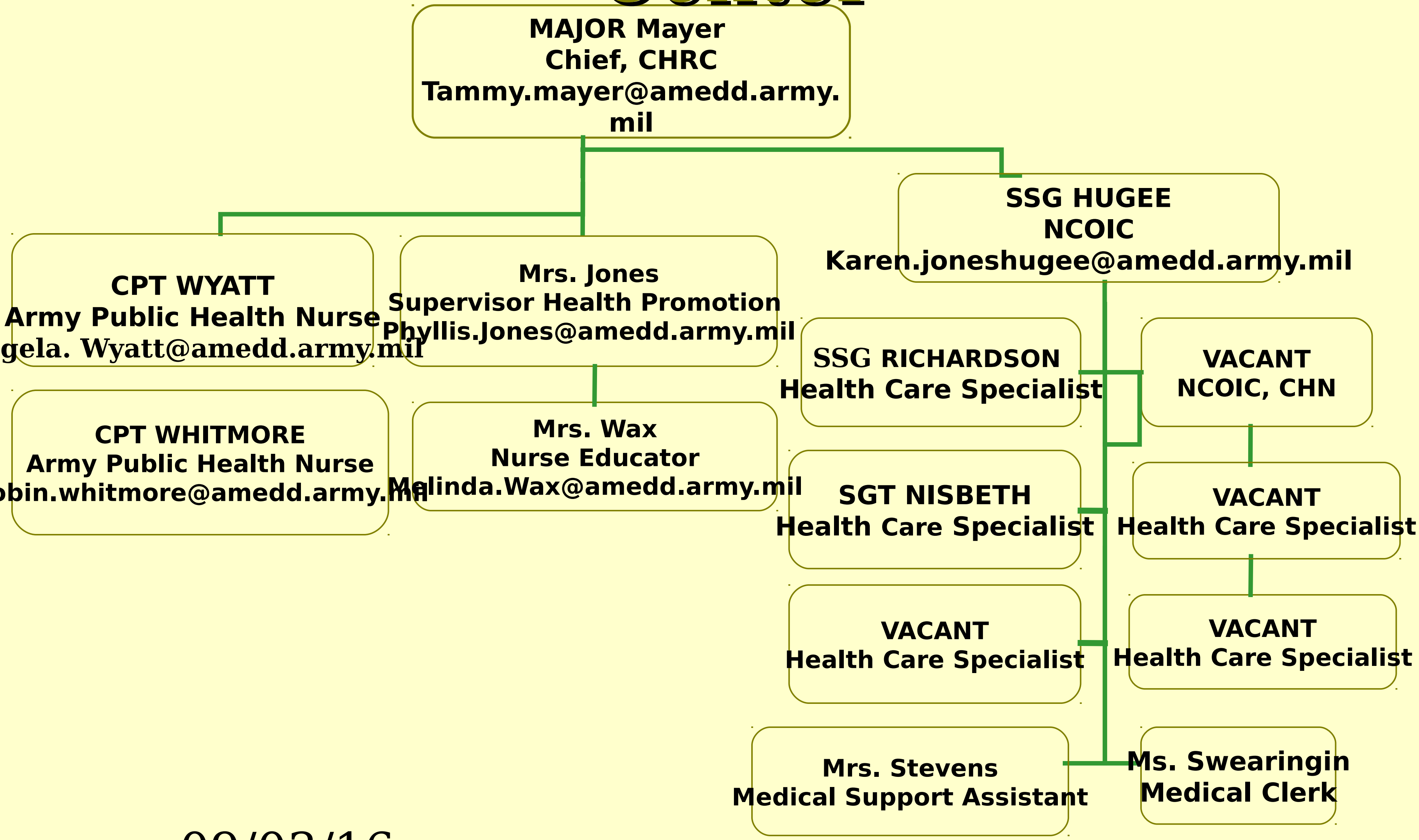
Provides programs designed to promote health and modify disease and injury risks of service members, military families and the military community; through education and prevention focused activities and strategies that engage military service members and health beneficiaries in optimizing personal health and readiness.

Community Health Resource Center

We are the Commander’s Advisor on all health matters designed to assist him/her enhance the efficiency and productivity of the unit.

FORCE HEALTH MULTIPLIERS

Community Health Resource Center



MAJOR Mayer
Chief, CHRC
Tammy.mayer@amedd.army.mil

SSG HUGEE
NCOIC
Karen.joneshugee@amedd.army.mil

CPT WYATT
Army Public Health Nurse
gela. Wyatt@amedd.army.mil

CPT WHITMORE
Army Public Health Nurse
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Mrs. Jones
Supervisor Health Promotion
Phyllis.Jones@amedd.army.mil

Mrs. Wax
Nurse Educator
Melinda.Wax@amedd.army.mil

SSG RICHARDSON
Health Care Specialist

VACANT
NCOIC, CHN

SGT NISBETH
Health Care Specialist

VACANT
Health Care Specialist

VACANT
Health Care Specialist

VACANT
Health Care Specialist

Mrs. Stevens
Medical Support Assistant

Ms. Swearingin
Medical Clerk

09/03/16

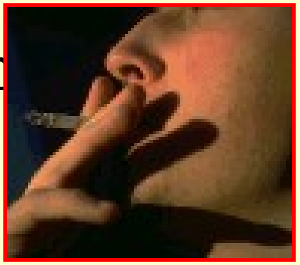
Health Promotion Center

- Health Information & Education
  - Group Classes
  - 1:1 Education
- Health Maintenance/Monitoring
- Self Care Program
    - Permanent Party
    - IET Soldiers
- Health Fairs and Selected Health Events

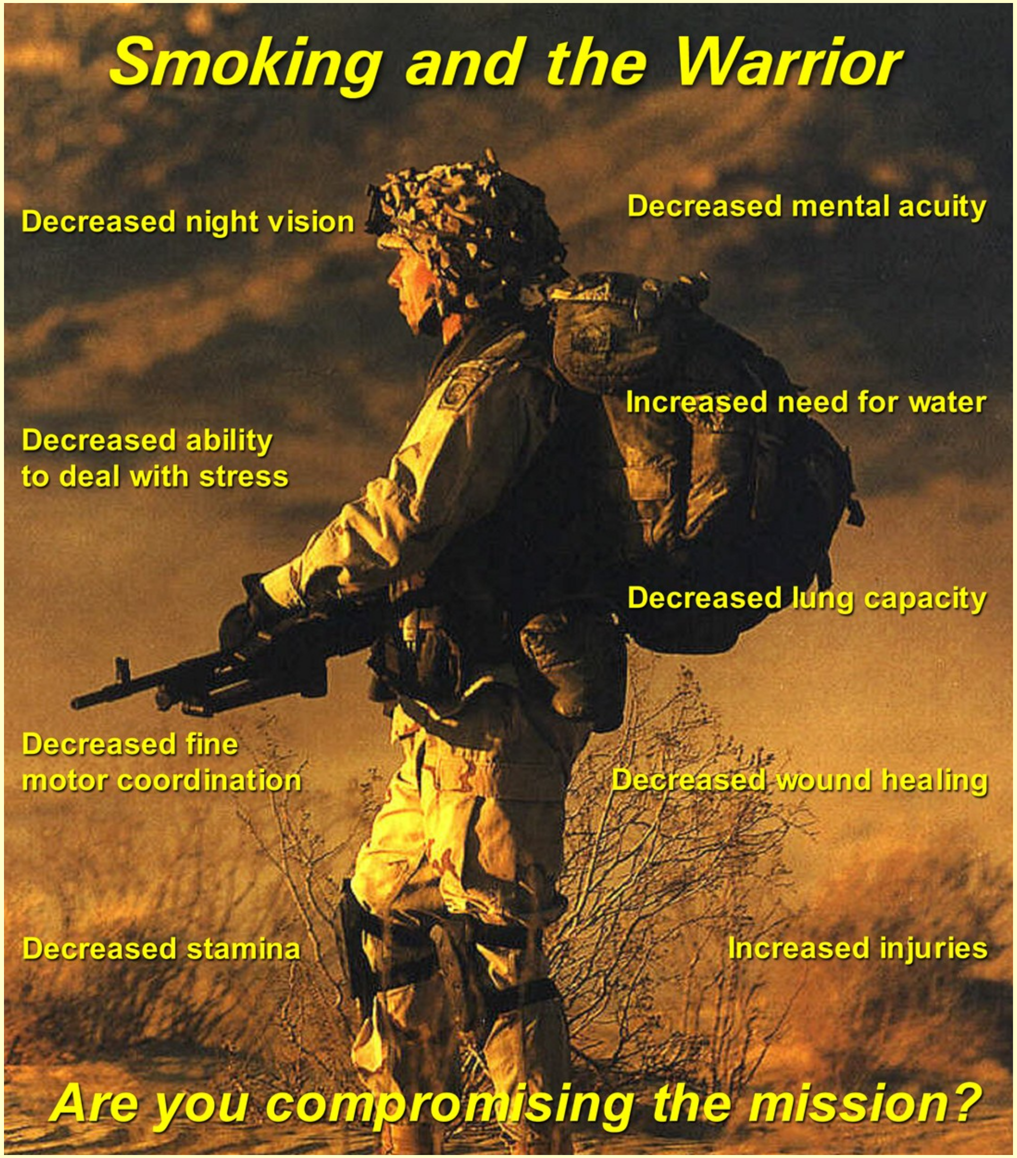
Health Promotion Center

Health Information & Education

- Resource Library/Viewing Room
- Health Classes
  - Pregnancy classes
  - Health and Hygiene
  - HIV/STD Preventions & Awareness
  - Infant Care/CPR
  - Men’s Health/Women’s Health
  - Nutrition and Weight Managem
  - Stress Management
  - Tobacco Cessation



Community Health Resource Center


Smoking and the Warrior
Decreased night vision
Decreased mental acuity
Increased need for water
Decreased ability to deal with stress
Decreased lung capacity
Decreased fine motor coordination
Decreased wound healing
Decreased stamina
Increased injuries
Are you compromising the mission?

Health Promotion Center Disease Prevention Screening

- Blood Pressure
- Blood Glucose
- Body Fat Analysis
- Weight

Public Health Nursing Communicable Disease Prevention

- Epidemiologic Investigations
- Individual Counseling and Follow-up
- Group Education and Trai
- International Travel Clinic
- Malaria Chemoprophylaxis
- TB Surveillance & Control Program

Public Health Nursing Group Education & Traini

- HIV/AIDS Awareness and Prevention (AR 600-110)
- STD Awareness and Prevention
- Personal Hygiene Class
- Female Hygiene Class
- Other classes by request

Public Health Nursing Family/Child Health

- High Risk Home Visits
- Health Consultant
  - Special Needs Resource Team
  - Child & Youth Services Program/ Family Child Care
- Building Strong & Ready Families
- Individual and Group Health Education

Community Health Resource Center Program Access

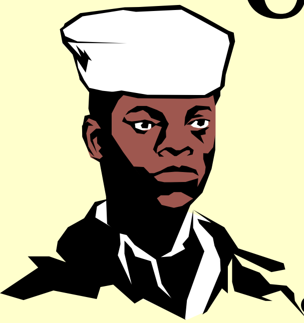
- Call TriWest for Tobacco Cessation Class
  - New class begins the 1st Tuesday and the 1st Thursday of each month; consists of 4 sessions
  - Zyban is available
- Call 596-0491 for the Health Promotion Center or 596-0518 for Public Health Nursing
- E-mail us or Visit www.glwach.amedd.army.mil to request classes via internet:
  - Click on Organizations
  - Click on Preventive Med, then CHRC
  - Click on Community Health Nursing or Health Promotion to register for classes

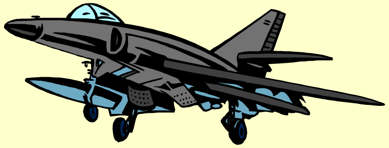
Questions?

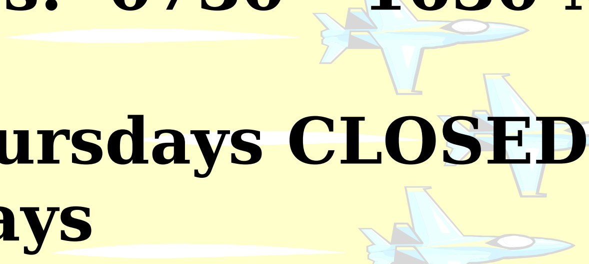
CUSTOMER SERVICE OFFICE

- Customer Service Office
  - Patient Representative
  - Beneficiary Counseling Assistant Coordinator (BCAC)
  - Debt Collection Assistance Officer (DCAO)
- Location

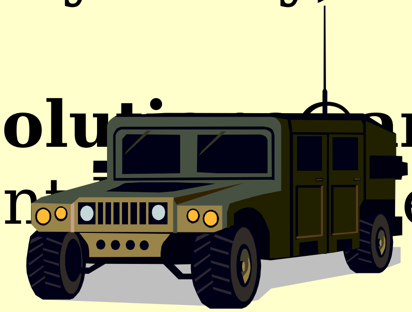
CUSTOMER SERVICE OFFICE







- **Phone: 596-0418**
- **Hours: 0730 – 1630 M,T,W & F; 0730-1400**
  Thursdays CLOSED ALL Federal Holidays
- **Location: Room 111-41 (adjacent to Outpatient**
  Pharmacy lobby)



- **Email: GLWACH.Solut amedd.army**
- Chief/Patient ela Y. Goodi -0045
- Assistant Patient Rep, Lisa Hayes – 596-0418

CUSTOMER SERVICE OFFICE

PATIENT REPRESENTATIVE

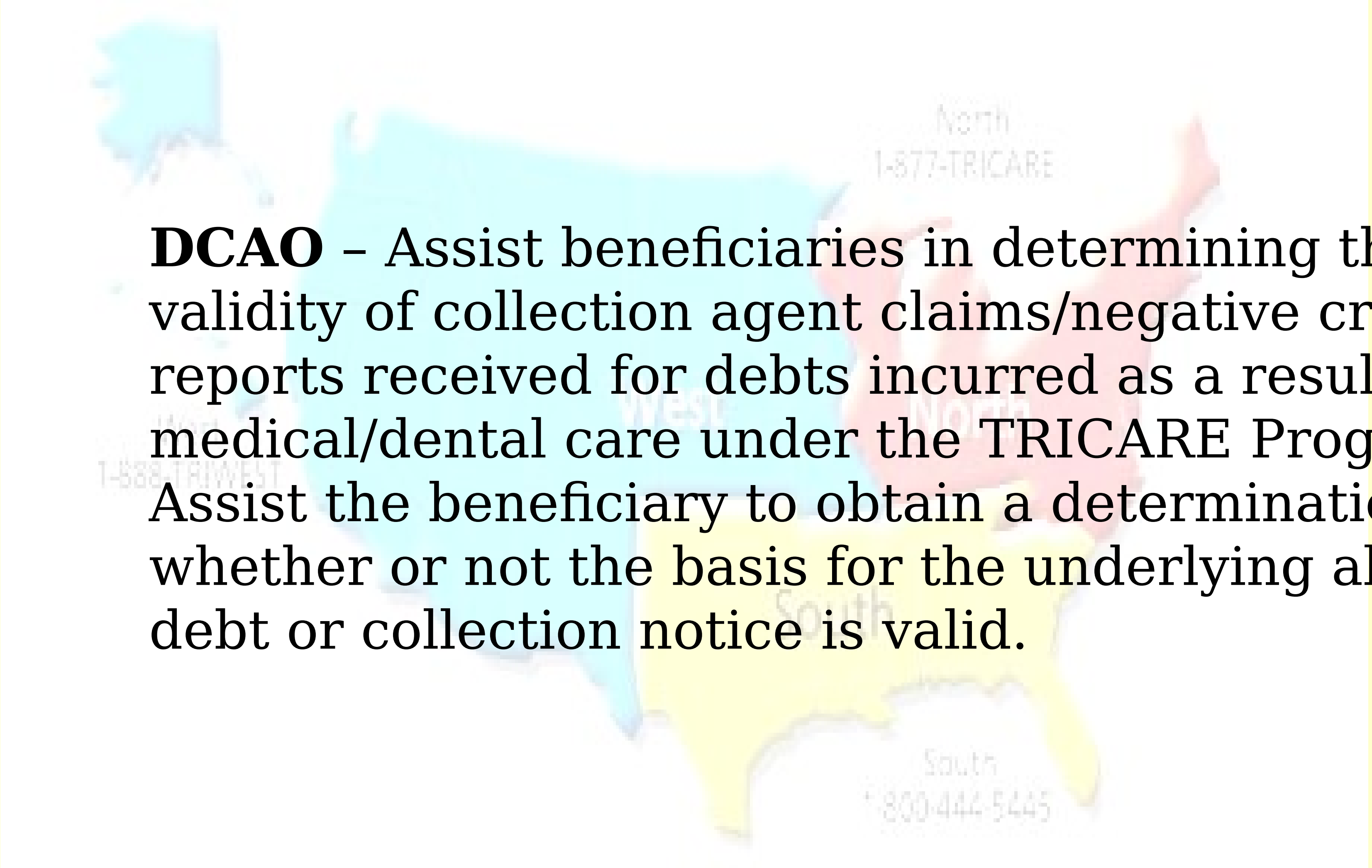
Advocate: Serve as the liaison between patients and the organization and between the organization and the Fort Leonard Wood community it serves. Provide a specific channel through which patients can submit staff con ortunities for improveme utions to their concerns.

CUSTOMER SERVICE OFFICE

BCAC – Liaison to resolve beneficiary issues regard
TRICARE. Counsels beneficiaries regarding all of th
TRICARE programs. Troubleshoot claims, enrollme
issues, authorization problems, or other system prob
that are exceedingly complicated, unduly delayed or
inappropriately handled. Work issues that cross reg
boundaries.

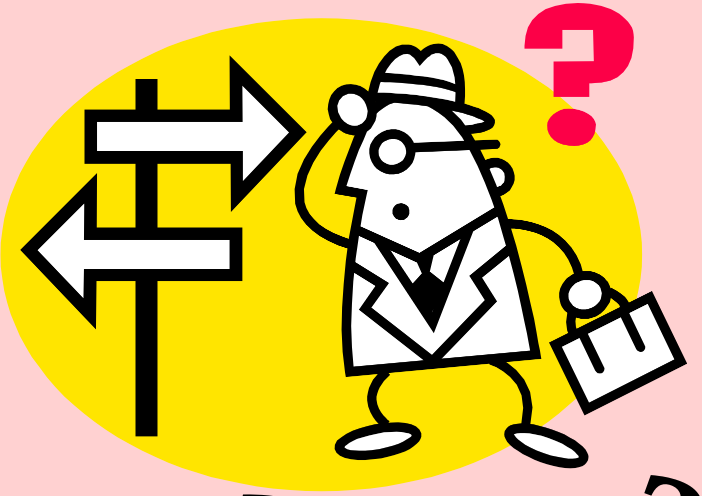
U.S. DEPARTMENT OF DEFENSE
MILITARY HEALTH SYSTEM
TRICARE: Your Military Health Plan
TRICARE

CUSTOMER SERVICE OFFICE


North
1-877-TRICARE
West
North
West
1-888-TRIWEST
South
South
1-800-444-5445

DCAO – Assist beneficiaries in determining the validity of collection agent claims/negative credit reports received for debts incurred as a result of medical/dental care under the TRICARE Program. Assist the beneficiary to obtain a determination as whether or not the basis for the underlying alleged debt or collection notice is valid.

Questions?



CTMC
Wilson Consolidated Troop Medical Clinic

OIC: MAJ Studzinski
Steven.Studzinski@amedd.army.mil
NCOIC: SFC Miller
Frank.Miller@amedd.army.mil
6-1680

Mission

Provide primary care services for enlisted Army service members at FLW in a training status.

METL

- Treat injuries and illnesses
- Protect soldiers from further injury
- Get soldiers back to training

Operations

- Sick Call
- POR
- Physical Exams/MEB
  - Chapter, ELS, EPTS, Driver
- Risk Assessment
- Mental Health Care
  - Unit Watch
  - Chaplain referral
- Pharmacy/Self-Care
- Laboratory
- Radiology
- Patient Administration
- Podiatry
- Physical Therapy
- Bicillin shoots
- No dental-Roll Dental
- 43rd Coverage

CTMC Hours of Operation

0600-1700 Monday-Saturday*

AM Sick Call 0600-**0800*** Mon-Sat	**PM Sick Call** 1230-**1330*** Mon-Wed, Fri-Sat Thurs 0600-0800
BCT PHASES 43rd AG PTRP RHC	WARRIOR TOWER NBC RBT BRM NIC GRENADES FINAL APFT
MARCORDET NCOA USAF/USN FTX 169th EN 58th TR	AIT PHASES NCOA USAF/USN FTX

Follow-Up

1230-1330

Mon-Wed, Fri-Sat

All Units

*Emergencies should immediately seek care at the Emergency Room. Urgent conditions should report to the CTMC at any time during operational hours.

*Closed Sundays and Federal Holidays; **Closed Thursdays 1200-1700 for training**

Sick Call Procedures

- Soldiers arrive with sick call slip from DS
- Met at front door by NCO
- Self-care patients temp taken
- Sick call patients signed in, VS taken
- Fevers (100.5) sent to Treatment Room, evaluated and treated.
- Others seen by provider, treated, sent to pharmacy as needed, signed out
- Soldier contacts unit and awaits pick-up (CTMC, gym)

Considerations

- CTMC does not provide meals
- No sleeping, eating, talking policy
- Battle buddies remain outside or at Swift Gym, will not go to hospital
- Arrive at designated times
- Pick up as soon as possible

Questions?

TRICARE Basic Brief

TRICARE Management Activity

John Abshier 596-0425

What is TRICARE?

A Healthcare Program Using Military Healthcare as the Main Delivery System

- Augmented by a Civilian Network of Providers and Facilities
- Serving our Active Duty, Their Families, and Retired Military/Families World Wide

TRICARE is
the same as before
(CHAMPUS = TRICARE Standard)

Plus More
(TRICARE Prime and Extra)

TRICARE is
a Better Benefit

TRICARE Goals

- Improve Medical Readiness
- Improve Access
- Maintain High Quality
- Contain Costs

TRICARE Options

TRIPLE OPTION

- **TRICARE Prime** *HMO Option*
  (Requires Enrollment and Cost Shares)
- **TRICARE Extra** *PPO*
  (Deductibles and Cost Shares)
- **TRICARE Standard** *Standard CHAMPUS*
  (Fee For Service)

TRICARE Prime: A Superb Health Benefit

- Occupational Therapy
- Prescription Drugs
  -- Mail Order Discount Plan
- Vision Benefits
- Mammography
- Mental Health
- Dental

Superior to Most Civilian Health Plans

Choice

TRICARE OPTIONS	Enrollment Fee	Co-Pay	Deductibl
Prime (HMO)	No for Active Duty & Family Members Yes for Retirees & Family Members	No* Yes	No
Extra (PPO)	No	Yes	Yes
Standard CHAMPUS	No	Yes	Yes

* as of 1 April 2001

TRICARE Costs

Active Duty Members

- No Cost for Care to Active Duty Members
- Care Normally Provided in Military Facilities
- Supplemental and/or Emergency Care in Civilian Facilities Paid for 100%
- Active Duty Enrolled in Prime

Priority for Care in Military Hospitals

- Active Duty
- Active Duty Families Enrolled in Prime
- TRICARE (CHAMPUS) Eligible Retirees Enrolled in Prime
- Active Duty Families not Enrolled in Prime
- All Retirees (CHAMPUS & Medicare) not Enrolled in Prime

Where Beneficiaries Go for Help

- Local Military Treatment Facility (MTF)
- Local TRICARE Service Center (TSC) 6th floor
- Beneficiary Counselors and Assistance Coordinators (BCAC) Ms. Goodin 596-0418
- Debt Collection Assistance Officers (DCAO) Ms. Goodin 596-0418

Access Standards

TRICARE Prime Access Standards

- Emergency Care (911 or Nearest Emergency Room)
  - 24 Hours a Day, 7 Days a Week
- Primary Care Wait Times
  - 1 Day - Acute Illness
  - 1 Week - Routine Visit
  - 1 Month - Well Visit
- Well/Specialty Care Wait Times
  - 1 Day - Urgent Care
  - 1 Month - Routine Visit
- 24 Hour Toll Free Health Care Information Line
- 24 Hour Toll Free TRICARE Service Line

How do I make appointments

- TRICARE Appointment telephone # 1-866-299-4234
- Clinic information 596-1490
- Appointments to outside (specialty providers) is done by the PCM completing a referral and the TRICARE Service Center coordination the appointment

TRICARE Prime Travel Reimb

- 100 miles (one way) from PCM
- Reimb. For actual expenses
- MTF will issue travel orders
- Not for AD SM
- Start 15 Feb 2002, Retro. 30 Oct 2000
- Fam. Member reimbursed for Child

Non-Medical Attendant

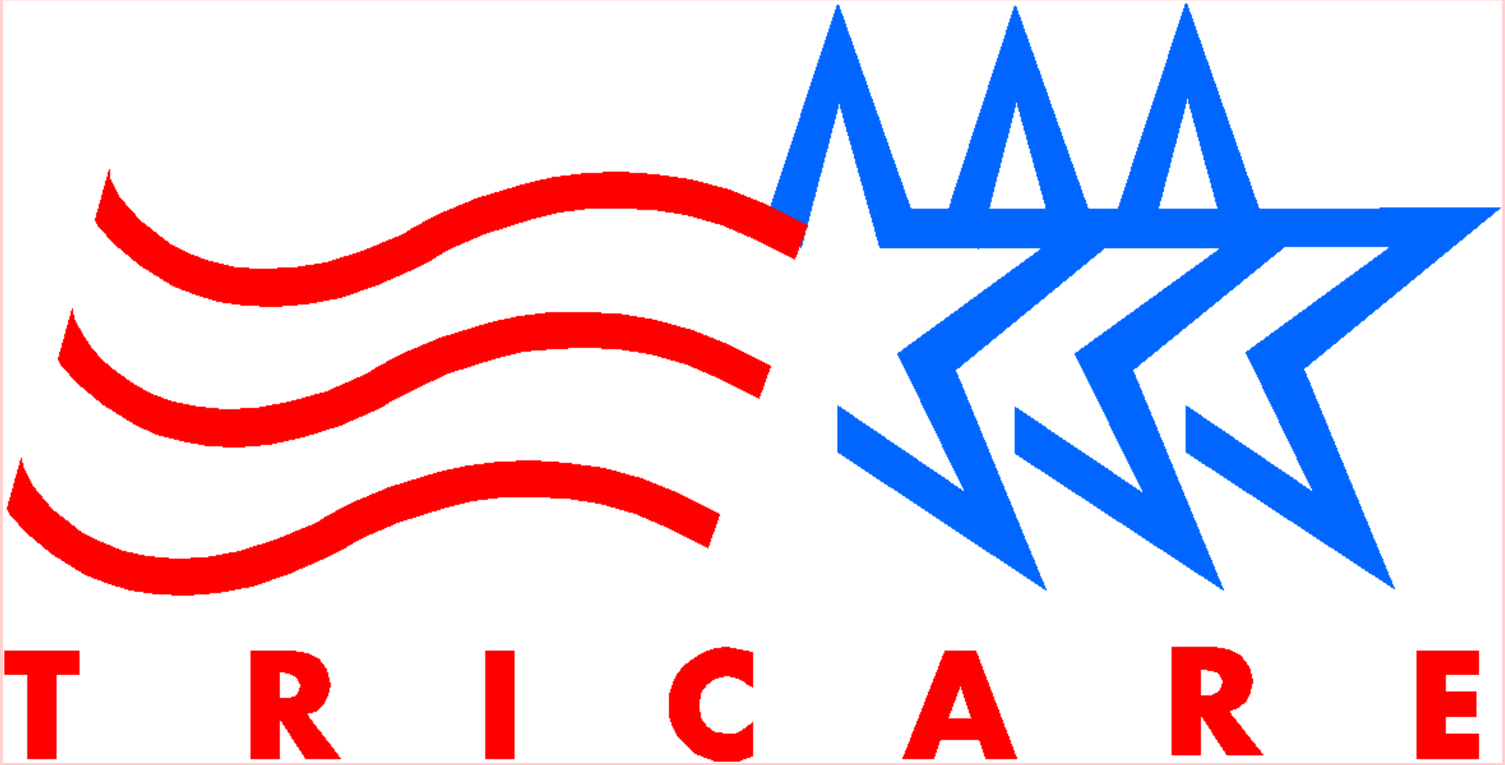
- Start 1 April, Retro. 28 Dec 2001
- 100 miles (one way) from PCM
- Reimb. For actual expenses
- Does not apply to AD SM
- Patient must be TRICARE Prime enrolled
- MTF issues travel orders

Travel Reimbursement

- MTF POC: Ms. Sherry Skinner
- Location: 6th Floor Rm. 673
- Telephone # 596-0440
- Ms. Skinner will do the travel orders, Please contact her before making the trip.

TRICARE Prime Remote (TRP)

- TRICARE Prime for AD SM
- Assigned in remote locations
- Assigned a PCM
- All primary care and specialty care not requiring military review
- Available for Family Members



www.tricare.osd.mil

United States Army
Nutrition & Weight Control
Program
THE WEIGH TO STAY

"WEIGH" TO STAY: TRANSFORMING ARMY WEIGHT CONTROL NUTRITION EDUCATION PROGRAMS INTO A STANDARDIZED APPROACH

United States Army
Nutrition & Weight Control
Program

THE WEIGH TO STAY

“Weigh” to Stay

Vision: Army Dietitians (Active and Reserve) will provide a comprehensive, effective and ***standardized*** nutrition education program in support of the Army Weight Control Program.

United States Army
Nutrition & Weight Control
Program

THE WEIGH TO STAY

“Weigh” to Stay

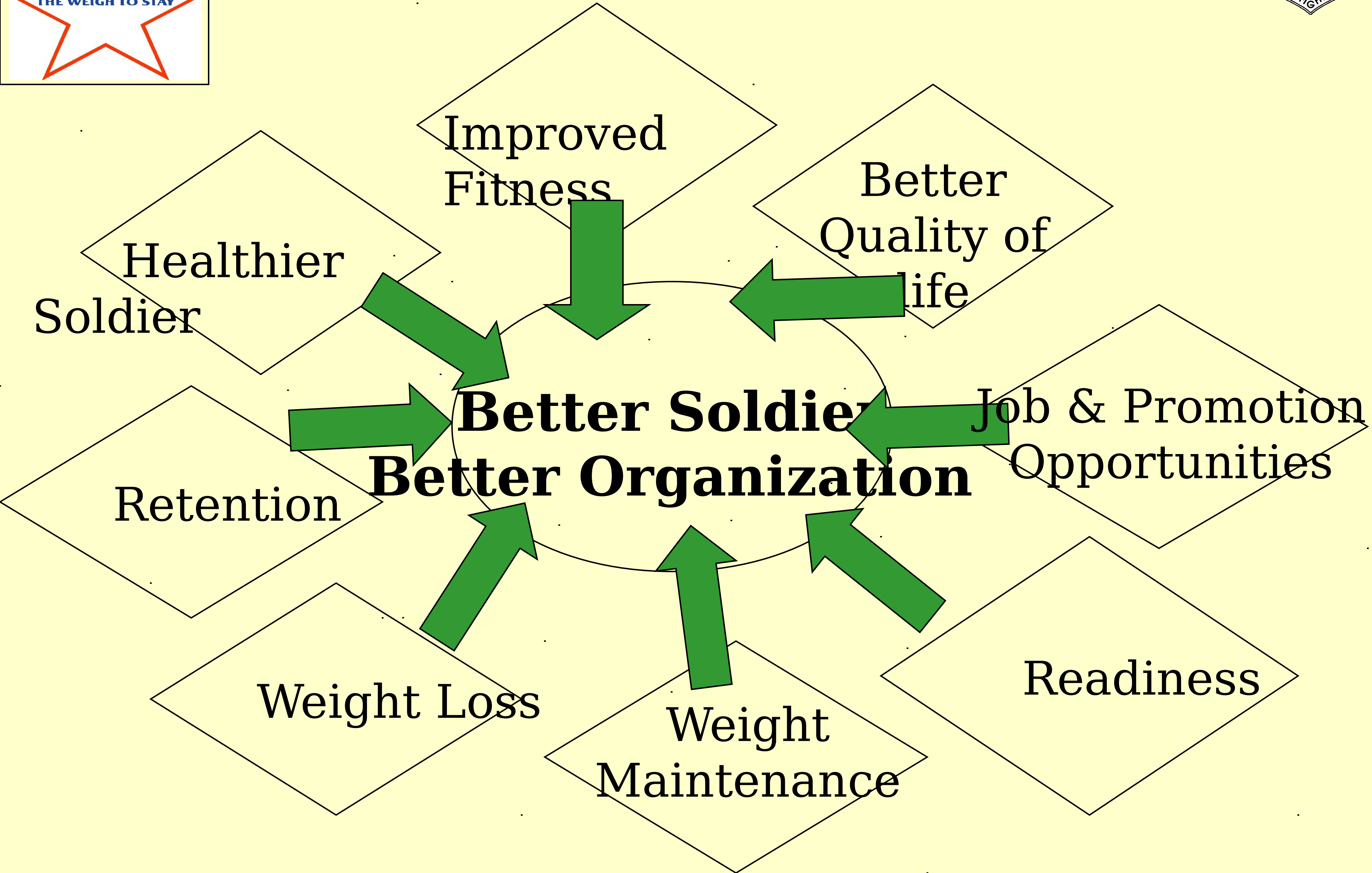
- **Program Goals:**
  - Provide a more extensive program that includes repeated contacts with health professionals to improve weight loss & maintenance
  - Improved readiness, retention, & well-being through diet and fitness
  - Make a standardized program that is used by health care professionals Army-wide

United States Army
Nutrition & Weight Control
Program

THE WEIGH TO STAY

“Weigh” to Stay

TO CONSERVE FIGHTING STRENGTH



Improved Fitness

Better Quality of life

Job & Promotion Opportunities

Readiness

Weight Maintenance

Weight Loss

Retention

Healthier Soldier

Better Soldier
Better Organization

“Weigh” to Stay Design

- Consists of 2 hour Mandatory Class taught by Registered Dietitian
  - May be Command Sponsored or Voluntary
- Consists of voluntary 90 and 180-day follow-up appointments
- Requires lab draw at all three appointments
  - Cholesterol and Fasting Glucose

“Weigh” to Stay Design at Ft. Wood

- Consists of **ONE MANDATORY** visit
- Scheduled by calling TRIWEST at 1-866-299-4234
- Initial Appointment (last Tuesday of every month)
  - **0815-1130**
  - **Includes initial nutrition and physical fitness class**
  - **Lab Draw (soldier must be fasting 12 hours)**
  - **5th endorsement signed**
- 90 and 180-day voluntary follow-ups
  - **Follow-up with Dietitian**
  - **Revised from previous MANDATORY follow-up requirement**

United States Army Nutrition & Weight Control Program

THE WEIGH TO STAY

TO CONSERVE FIGHTING STRENGTH

“Weigh” To Stay Design

- **Standardized Package includes:**
  - Class reminder cards
  - PowerPoint class presentation
  - Questionnaire, Patient Satisfaction Survey, Food and Exercise logs, various class worksheets
  - Module 7: Performance Your Weigh, Performance Power…The Nutrition Connection

Initial Nutrition Class Topics

- **Class Taught By Dietitian:**
  - Readiness for Weight Loss
  - Weight Gain/Loss/Maintenance/Goals
  - Nutrition Basics
  - Fad Diets/Nutrition Myths
  - Food Label Reading
  - Dining Out
  - Importance of Exercise/Physical Activity
  - Dietary Supplements
  - Behavior Modification

Initial Nutrition Class Topics

- **Class Taught By Dietitian**
  - Menu Planning
    - Food Guide Pyramid
    - Individual Calorie Needs
  - Weight Loss Strategies
  - Meal Timing
  - Discuss using food and activity logs

Physical Therapy

- **Second Part of Initial Class Taught By Physical Therapist**
    - – Exercise & Physical Activity
    - – Exercise Basics
        - Cardiovascular Conditioning
        - Strength Training
        - Flexibility Training
    - – Goal Setting

“Weigh” to Stay

- **Key Impact on Military Leaders:**
  - Required to allow soldiers to attend initial class
  - Required to allow soldiers to return for follow-up with Health Care Professional at regular intervals
    - 3 and 6-month follow-ups
    - Requirement of at least attendance of one follow-up even if soldier is removed from program

United States Army
Nutrition & Weight Control
Program

“Weigh” to Stay

- **Key Impact on Soldiers:**
  - – Provides them a standardized program for ALL Active Duty and Reserve soldiers
    - The same program at any duty station
  - – More contacts with health professionals for guidance and support
    - Keeps soldier on the right track
    - Provides soldier personal attention for Q & A and additional guidance
  - – Requires more soldier involvement
    - Keeps them accountable for their weight loss progress
    - Improved dedication to weight loss

United States Army
Nutrition & Weight Control
Program

THE WEIGH TO STAY

QUESTIONS??

www.mypyramid.gov

LT Kay E. McKinnie, MS, RD

Nutrition Care Division

596-1762

ARMY FAMILY ADVOCACY PROGRAM

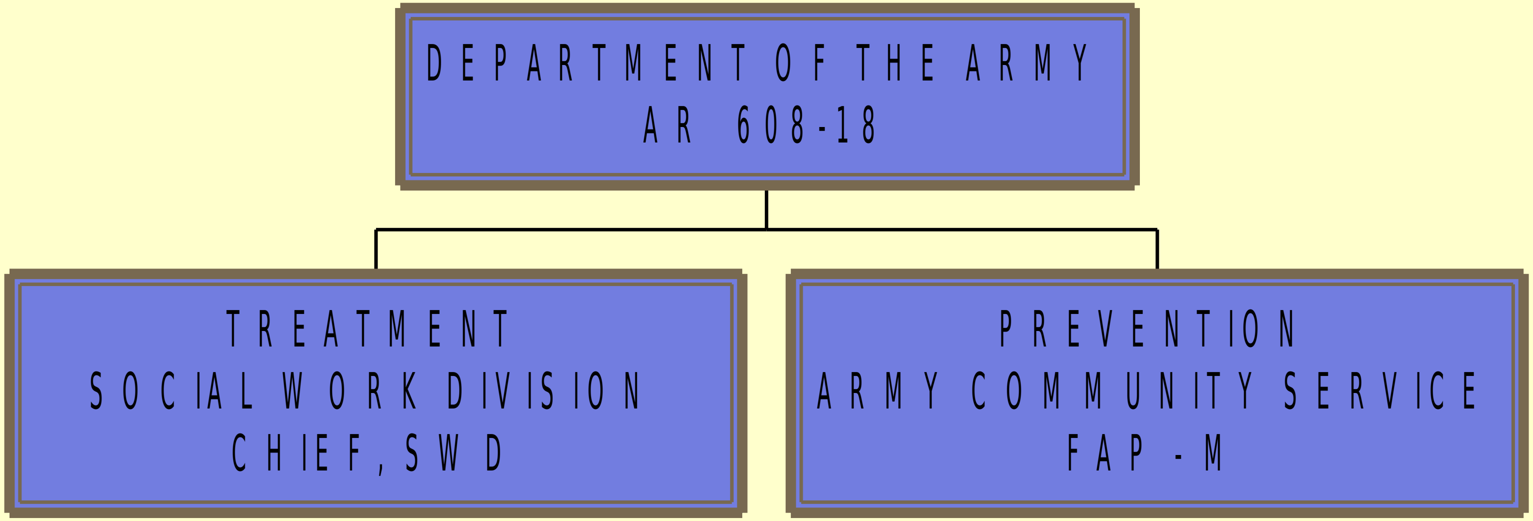
AR 608-18

FORT LEONARD WOOD, MO

WHAT WE DO ……..

- THE FAMILY ADVOCACY PROGRAM {FAP} IS A CONGRESSIONALLY MANDATED PROGRAM TO PREVENT AND PROVIDE INTERVENTIONS FOR CHILD AND SPOUSE ABUSE.

AR 608-18 & FLW



DEPARTMENT OF THE ARMY
AR 608-18

TREATMENT
SOCIAL WORK DIVISION
CHIEF, SWD

PREVENTION
ARMY COMMUNITY SERVICE
FAP - M

Reporting Point of Contact RPOC

FLW 24hr Phone Number to Report Child Abuse and Domestic Violence:

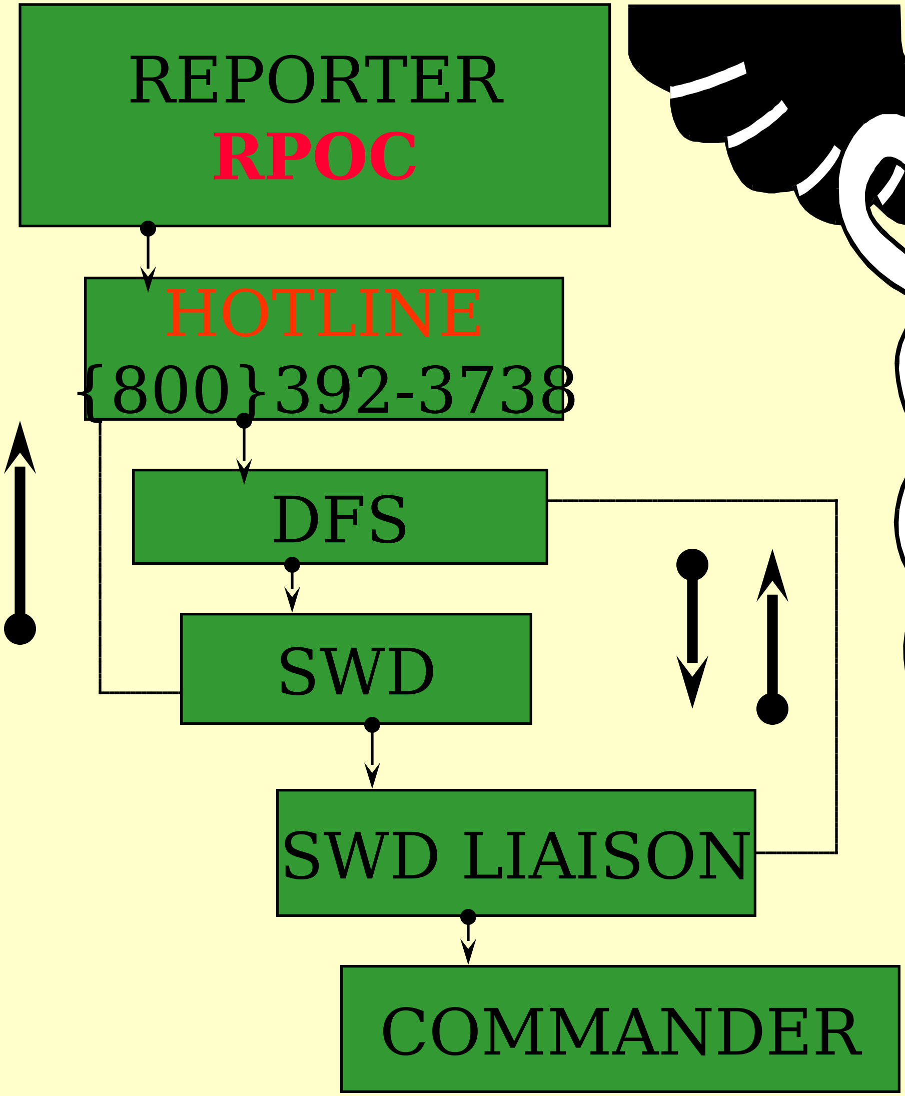
SOCIAL WORK SERVICES

(573) 596-0446

Anyone may also initially report any suspicion of child abuse to the **State Child Abuse Hotline at**

1-800-392-3738, calls can be anonymous.

CHILD ABUSE REPORTS



REPORTER
RPOC

HOTLINE
{800}392-3738

DFS

SWD

SWD LIAISON

COMMANDER

Types of Child Abuse

- ***Child Physical Abuse***
- ***Child Emotional Abuse***
- ***Child Neglect***
- ***Child Sexual Abuse***

CHILD PHYSICAL ABUSE: The non-accidental use of physical force on the part of a child’s caregiver resulting in more than inconsequential physical injury or reasonable potential for more than inconsequential physical injury given the degree of force used and the physical environment in which the acts occurred; a more than inconsequential fear reaction.

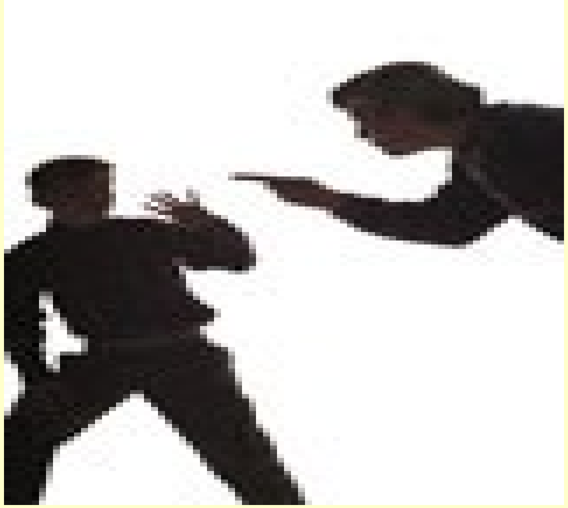
Injuries to a child (under 18 years of age) include:

- Fractures
- Hematomas
- Shaking/Twisting of infants
- Sprains
- Lacerations
- Bruised
- Welts
- Poisoning
- Burns
- Or other physical injuries that impair the health or physical well-being of the victim.

Child Sexual Abuse:

The employment, use, persuasion, inducement, enticement, or coercion of any child to engage in or having a child assist any other person to engage in any sexually explicit conduct (or have simulation of such conduct) or the rape, molestation, prostitution, or other such forms of sexual exploitation of children, or incest with children.

Child Emotional Abuse:



A pattern of active, intentional berating, disparaging, or other abusive behavior toward the victim that may not cause observable injury.

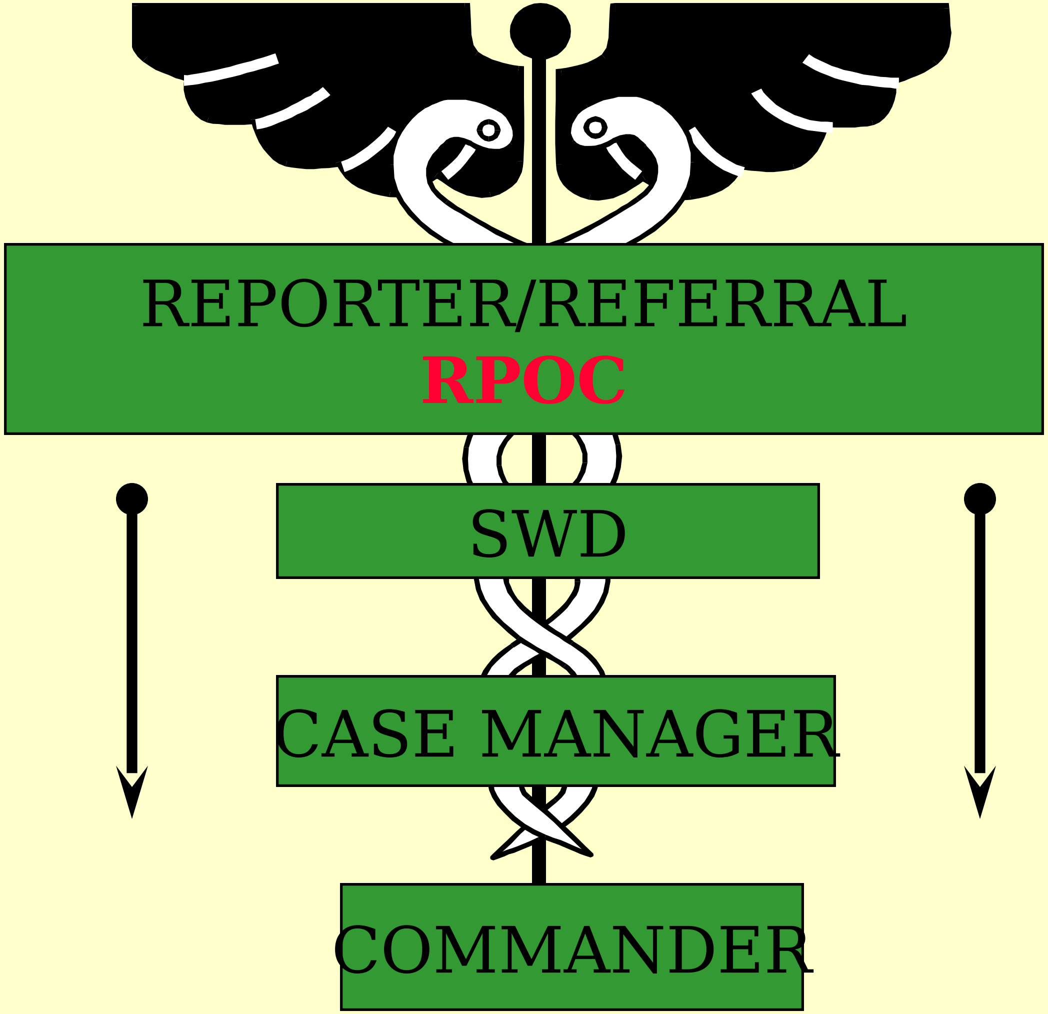
Child Neglect:

Passive or passive-aggressive inattention to the victim’s emotional needs, nurturing, or psychological well-being.

COMMAND NOTIFICATION CHILD ABUSE

- CID NOTIFIES COMMAND CHAIN AT TIME OF INITIAL INVESTIGATION BY CID/DFS.
- SWD NOTIFIES {TELEPHONIC} COMMAND W/IN 24 HRS OF REFERRAL FROM DFS.
- COMMAND ADVISED OF ALLEGATION AND SAFE PLAN.
- COMMAND RECEIVES A MEMORANDUM DELIENATING ALLEGATION AND CRC REVIEW PROCESS.
- COMMAND ADVISED OF CRC DATE AND TIME, A MINIMUM OF TWO OCCASIONS BY TELEPHONE AND EMAIL.

SPOUSE ABUSE



REPORTER/REFERRAL

RPOC

SWD

CASE MANAGER

COMMANDER

COMMAND NOTIFICATION DOMESTIC VIOLENCE

- TELEPHONIC WITHIN 24 HRS OF REFERRAL…COMMAND ADVISED OF EVENT{S}, ALLEGATIONS, SAFE PLAN, INTERVENTION STRATEGY.
- MEMORANDUM TO COMMAND
- A MINIMUM OF TWO NOTIFICATIONS OF CRC REVIEW DATE {TELEPHONIC & EMAIL}.

COMMAND MEMORANDUMS

- ROUTED THRU THE BATTALION COMMANDER TO THE COMPANY COMMANDER.
- ROUTED THRU THE BRIGADE COMMANDER WHEN THE SOLDIER IS NOT REPRESENTED BY THE COMMAND AT THE CRC.

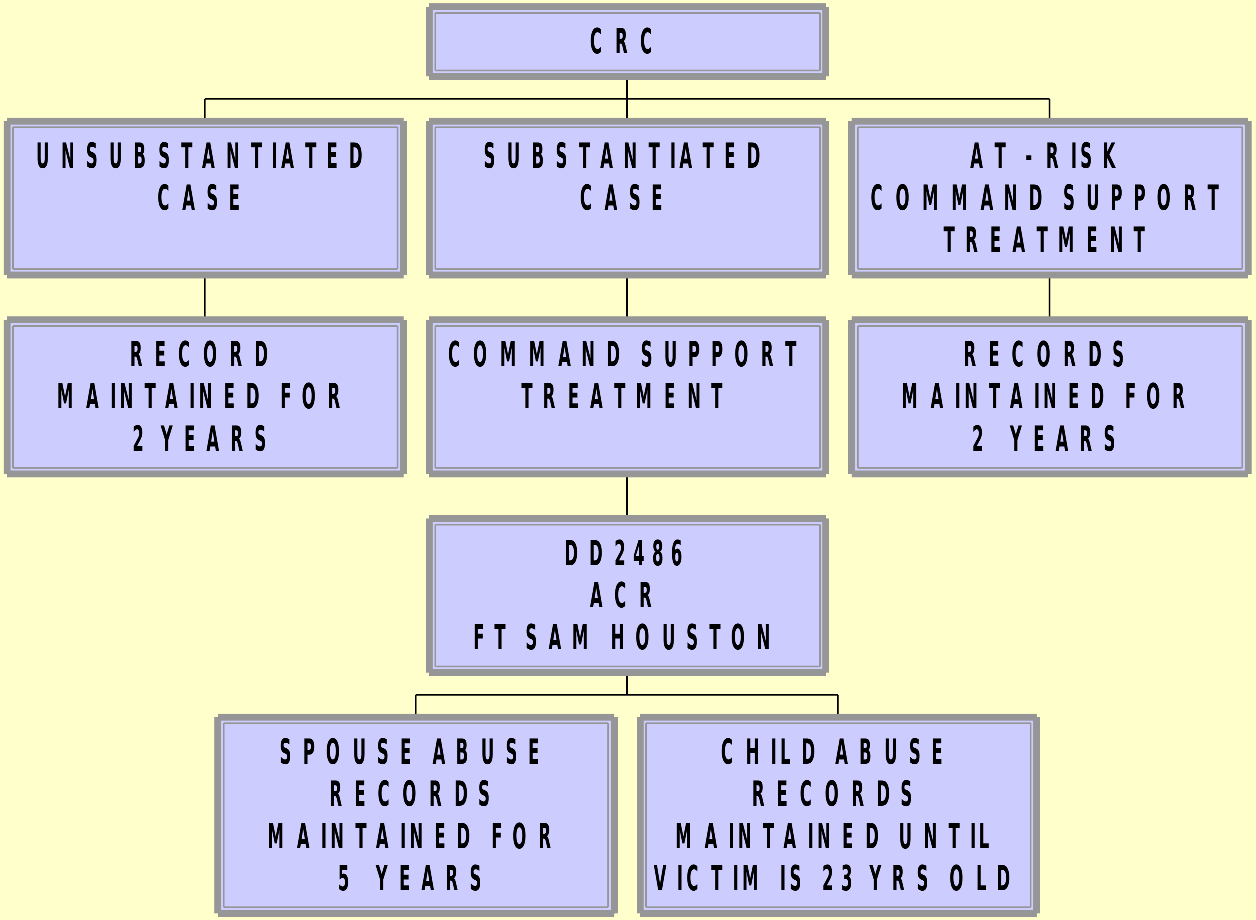
CASE REVIEW COMMITTEE

- C, SOCIAL WORK
- FAP MANAGER
- PHYSICIAN
- SJA
- CHAPLAIN
- CID
- PROVOST MARSHAL
- ASAP
- CASEMANAGER

COMMANDER AND 1ST SERGEANT INVITED TO CRC TO REPRESENT EACH SOLDIER.

CRC IS SUPERVISED BY THE MEDDAC COMMANDER.

FAP CASE DETERMINATION



CRC

UNSUBSTANTIATED CASE

SUBSTANTIATED CASE

AT-RISK COMMAND SUPPORT TREATMENT

RECORD MAINTAINED FOR 2 YEARS

COMMAND SUPPORT TREATMENT

RECORDS MAINTAINED FOR 2 YEARS

DD2486 ACR FT SAM HOUSTON

SPOUSE ABUSE RECORDS MAINTAINED FOR 5 YEARS

CHILD ABUSE RECORDS MAINTAINED UNTIL VICTIM IS 23 YRS OLD

FAP TREATMENT STAFF

- POSSESS A MASTER’S IN CLINICAL SOCIAL WORK
- LICENSED AS ADVANCED PRACTIONERS
- MEDDAC CREDENTIONALED/PRIVILEDGED
- ADVANCED TRAINING IN CHILD ABUSE ASSESSMENT/INTERVENTION AND DOMESTIC VIOLENCE

UNIT COMMANDER
AR 608-18
1-7.b.

- **Attend child/spouse education programs**
- **Troop awareness briefings**
- **Be familiar with rehabilitative, administrative, and disciplinary procedure**
- **Report suspected child or spouse abuse**
- **Attend CRC presentations**
- **Facilitate soldier participation in FAP interventions**
- **Support and comply with CRC recommendations**

UNIT COMMANDER TO CONSIDER CRC RECOMMENDATIONS

- **Before mandatory counseling referral**
- **When taking administrative actions**
- **Before deferment or deletion of orders**
- **Before reassignment of soldier**
- **Before initiating separation orders**
- **Notify CRC when soldier is reassigned**
- **Encourage civilian participation**

DOMESTIC VIOLENCE

An offense under the United States Code, the Uniform Code of Military Justice, or State law involving the use, attempted use, or threatened use of force or violence against a person of the opposite sex, or the violation of a lawful order issued for the protection of a person of the opposite sex, who is : (1) A current or former spouse; (2) A person with whom the abuser shares a child in common; or (3) A current or former intimate partner with whom the abuser shares or has shared a common domicile.

INTIMATE PARTNER

A person of the opposite sex with whom the victim shares a child in common, or a person with whom the victim shares or has shared a common domicile.

Types of Spousal Abus

He says
he loves
me

He says
he needs
me

Physical
Emotional
Neglect
Sexual

He says
he is
sorry

He says
it won't
happen
again

PHYSICAL SPOUSE ABUSE: The non-accidental use of physical injury, reasonable potential for more than inconsequential physical injury given the degree of force used and the physical environment in which the acts occurred; more than an inconsequential fear reaction.

Force may include:

- Grabbing
- Pushing
- Holding
- Slapping
- Choking
- Punching
- Sitting or standing on
- Kicking
- Hitting with objects
- Assaults with knives, firearms, or other weapons

EMOTIONAL SPOUSE ABUSE: Non-accidental act or acts (excluding physical and sexual abusive acts) such as those listed below. Acts not listed, but of similar severity, are also eligible.

- Berating, disparaging, degrading, humiliating victim (or other similar behavior)
- Restricting victim’s ability to come and go freely (when **unwarranted**)
- Obstructing victim’s access to assistance (including, but not limited to, law enforcement, legal, protective, or medical resources.
- Threatening victim (including, but not limited to, indicating/implying future physical harm, sexual assault)
- Harming, or indicating that offender will harm, people/things that victim cares about, such as children, self, other people, pets, property

EMOTIONAL SPOUSE ABUSE, cont.

- Restricting victim’s access to or use of economic resources (when **unwarranted**)
- Restricting victim’s access to or use of military services (including, but not limited to, taking away dependent’s ID)
- Isolating victim from family, friends, or social support resources.
- Stalking victim
- Trying to make victim think that s/he is crazy (or make others think that spouse is crazy)

SPOUSAL NEGLECT

Considered only in cases of spouse’s/intimate partner’s failure to provide necessary care or assistance for spouse who is incapable of self-care physically, emotionally, or culturally.

SPOUSAL SEXUAL ABUSE:

The forcing of one spouse/intimate partner by the other spouse/intimate partner to engage in any sexual activity through the use of physical violence, intimidation, or the explicit or implicit threat of future violence, or abuse.

Any attempted or completed sex act involving a spouse or intimate partner who is unable to provide consent, (example; under the influence of alcohol and/or drugs).

Adult victims of domestic abuse have two reporting options: **Unrestricted Reporting** and **Restricted Reporting**.

The two reporting options are a DOD initiative to address the often competing interests of the victim to report events of domestic abuse. Although the victim’s decision to report is a crucial step towards holding the offender accountable, the decision can have potential safety consequences for the family. In the military community, a victim is also often concerned if his/her responding will have repercussions on the military career of the family-member offender.

UNRESTRICTED REPORTING

Victims of domestic abuse who want to pursue an official investigation of an incident should use current reporting channels, e.g., chain of command, Family Advocacy Program (FAP), or Law Enforcement. Upon notification of a reported domestic abuse incident, victim advocacy services and FAP clinical services will be offered to the victim. Additionally, at the victim's discretion/request, the healthcare provider shall conduct any forensic medical examination deemed appropriate. Details regarding the incident will be limited to only those personnel who have a legitimate need to know.

RESTRICTED REPORTING

In cases where an adult victim instead elects restricted reporting, the victim advocate and healthcare providers may not disclose covered communication to either the victim's or offender's commander or to law enforcement either within or outside the DOD, except as provided in the exceptions.

RESTRICTED REPORTING, cont.

Restricted reporting is intended to give adult victims additional time, while benefiting from receiving relevant information and support, to make more informed decisions about reporting the domestic abuse incident to the appropriate commanders and possibly participating in a criminal investigation. A victim who receives appropriate care and treatment, and is provided an opportunity to make an informed decision about reporting to Law Enforcement or command and the possibility of a criminal investigation, is more likely to develop increased trust that his or her needs are of primary concern, and therefore decide to report the domestic abuse incident to the appropriate commander or Law Enforcement.

RESTRICTED REPORTING, cont.

Restricted reporting allows an adult victim of domestic abuse to disclose the details of his or her abuse to specifically identified individuals and receive medical treatment and victim advocacy services without requiring that notice be provided to the alleged offender’s commander or Law Enforcement. Victims of domestic abuse who desire restricted reporting under this policy must report the abuse to one of the following specified individuals: a victim advocate or healthcare provider, or the supervisor of a victim advocate. The supervisor of the victim advocate will assure the assignment of a victim advocate to assist the victim.

Healthcare providers will initiate the appropriate care and treatment, and will report the domestic abuse only to a victim advocate or his/her supervisor.

Victims of domestic violence who desire restricted reporting must report the abuse to one of the following specified individuals; Victim Advocate/Supervisor of a Victim Advocate, Healthcare Provider, or Chaplain.

Exceptions to Confidentiality and Restricted Reporting and Limitations on Use

In cases in which a victim elects restricted reporting, the prohibition on disclosing covered communications to the following persons or entities will be suspended when disclosure would be for the following reasons:

- Named individuals when disclosure is authorized by the victim in writing.
- Command officials or Law Enforcement when necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person.

Exceptions to Confidentiality and Restricted Reporting and Limitations on Use, cont.

- FAP and any other agencies authorized by law to receive reports of child abuse or neglect when, as a result of the victim's disclosure, the victim advocate or healthcare provider has a reasonable belief that child abuse has also occurred. However, disclosure will be limited only to information related to the child abuse.
- Disability Retirement Boards and officials when disclosure by a healthcare provider is required for fitness for duty for disability retirement determinations, limited to only that information which is necessary to process the disability retirement determination.

Exceptions to Confidentiality and Restricted Reporting and Limitations on Use, cont.

- Supervisors of the victim advocate or healthcare provider when disclosure is required for the supervision of direct victim treatment or services.
- Military or civilian courts of competent jurisdiction when a military, federal, or State Judge issues a subpoena for the covered communications to be presented to the court or to other officials or entities when the judge orders such disclosure; or to other officials or entities when required by Federal or State statute or applicable U.S international agreement.

Improper disclosure of covered communications, improper release of medical information, and other violations of this policy are prohibited and may result in discipline under the Uniform Code of Military Justice, loss of credentials, and/or other adverse personnel or administrative actions.

QUESTIONS

FAMILY

ADVOCACY

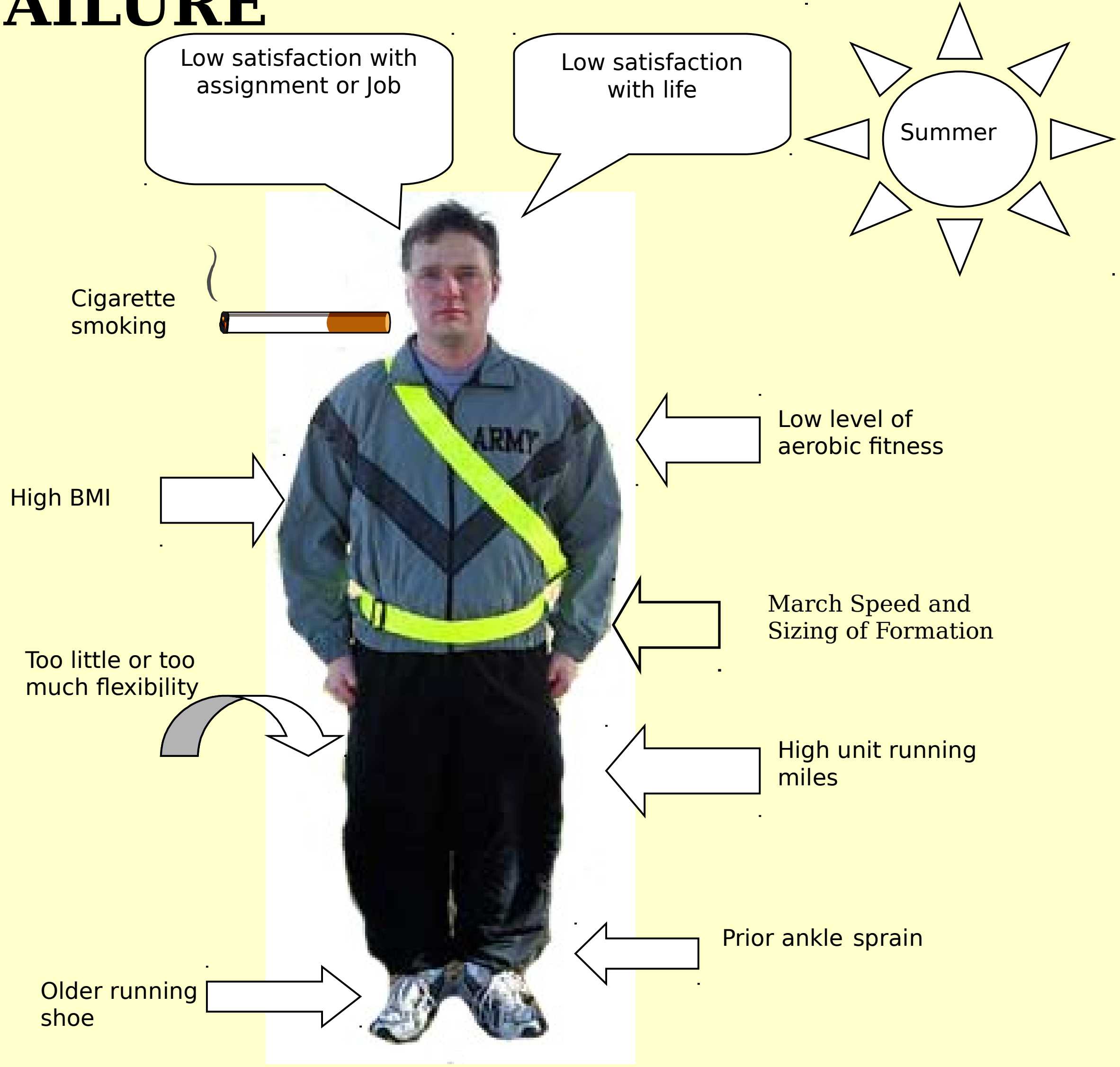
PHYSICAL TRAINING AND THE PREVENTION OF INJURY

LTC Barry D. Whiteside
Chief, Physical Therapy

MOST IMPORTANT

- The unit commander is the critical agent for injury control intervention. Effective command emphasis on injury prevention must be based on an understanding of how Soldiers are injured and which interventions are appropriate.

FACTORS IN SUCCESS OR FAILURE



Low satisfaction with assignment or Job

Low satisfaction with life

Summer

Cigarette smoking

Low level of aerobic fitness

High BMI

March Speed and Sizing of Formation

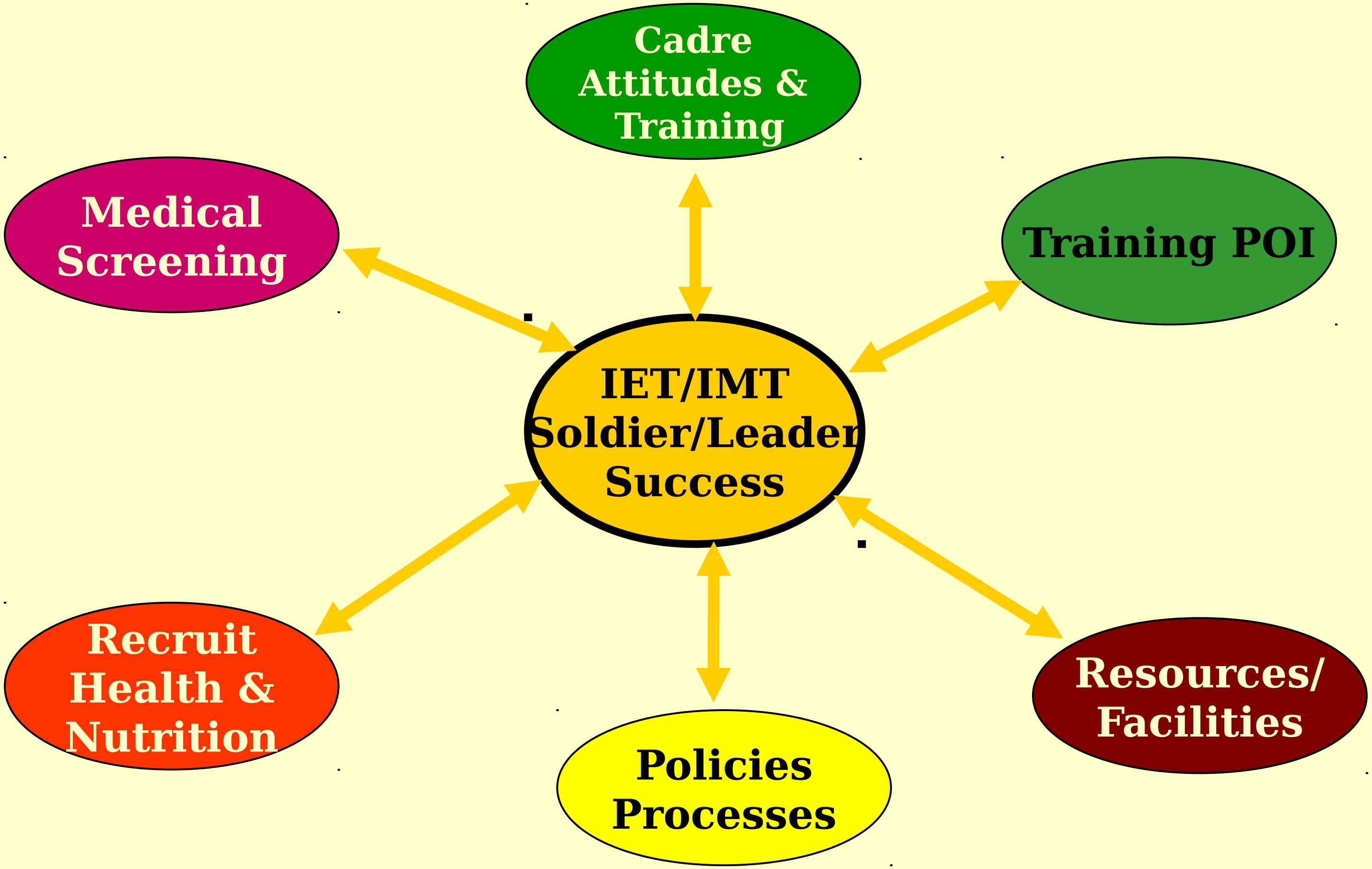
Too little or too much flexibility

High unit running miles

Prior ankle sprain

Older running shoe

Attrition Variables



Cadre Attitudes & Training

Medical Screening

Training POI

IET/IMT Soldier/Leader Success

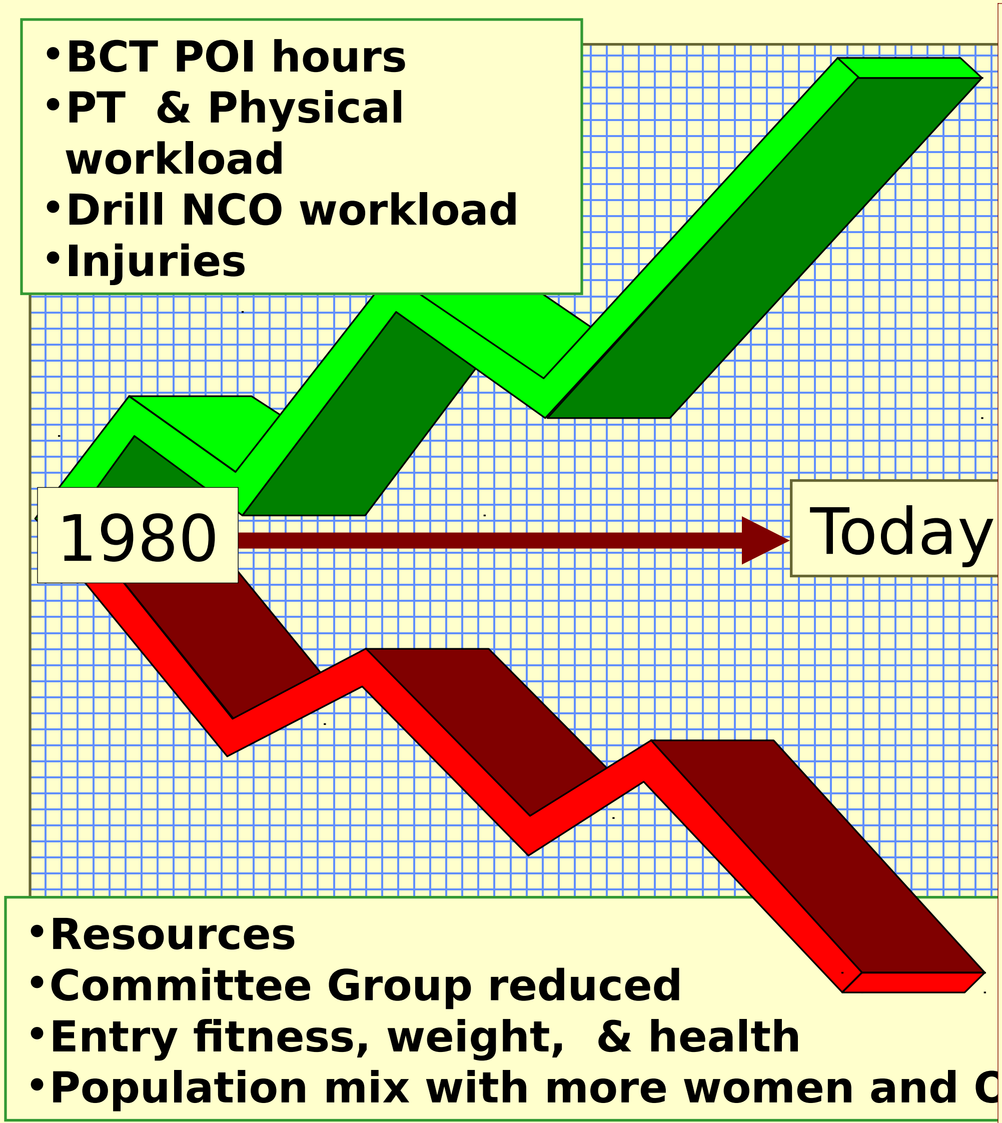
Recruit Health & Nutrition

Policies Processes

Resources/ Facilities

- No "smoking gun" in attrition studies
- No "silver bullet" solution
- Need "whole person" research & solutions
- Need to break every 'link' in 'chain'

Why Change?



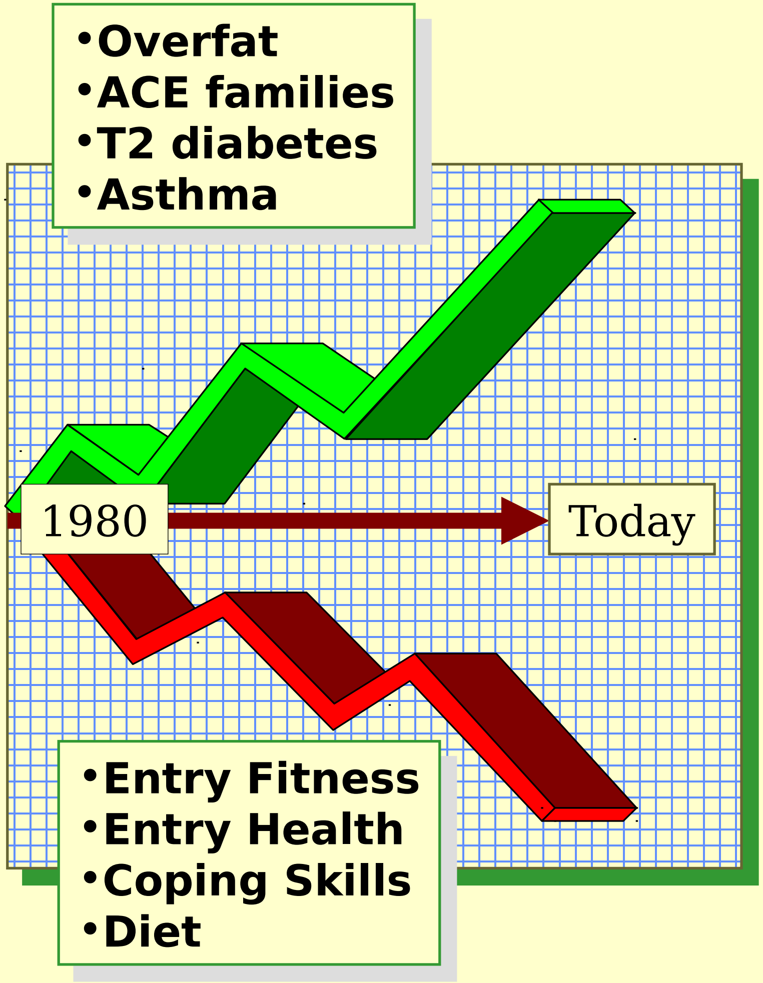
- BCT POI hours
- PT & Physical workload
- Drill NCO workload
- Injuries

- Resources
- Committee Group reduced
- Entry fitness, weight, & health
- Population mix with more women and

Trends

- Two large trends
  - Increased demands
  - Decreased resources
- BCT POI has more than doubled with more obstacle courses, marches, and PT (LTC Moten study).
- About 28% of men and 48% of women graduate BCT injured (Aegis Injury Study).
- Drill NCO became primary instructor while Committee Groups role reduced.
- Although quality is dramatically higher, it has been offset by civilian population undergoing dramatic social & health shifts while more women and OW

Why Change?



- Overfat
- ACE families
- T2 diabetes
- Asthma

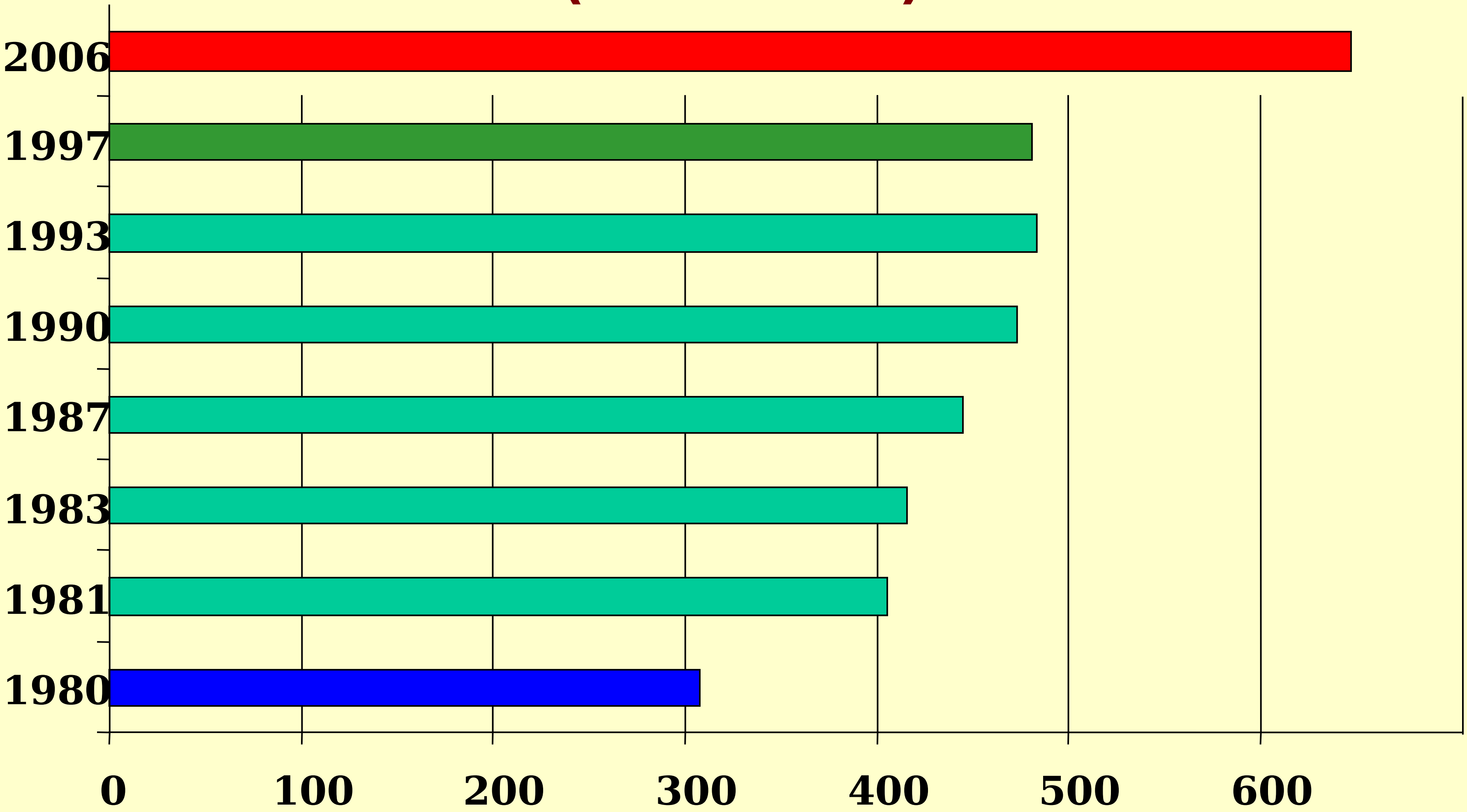
- Entry Fitness
- Entry Health
- Coping Skills
- Diet

Changing Teen Population

- 90% spend 90% time indoors
- 14% obese; 25% OW
- 75% not have regular fitness in HS
- 90% bused to school
- 75% less contact with adults
- Fast food diets
- Entry fitness down
- 25% from single parent families
- 63% from dual-income families
- 49% from mild-to-severe dysfunctional families (ACE)
- Linear relationship with ACE risk factors and later adjustment problems

Why Change?

Longest, Hardest BCT
(1980-2006)



POI Formal Hours

WHY CHANGE

- Front Line Injury Prevention Monitoring is non-existent at Fort Leonard Wood!
- 100% compliance to Fitness POI in A.M PT formation
- Non-compliance to Fitness POI with regards to additional training
- March formation sizing and speed

WHAT IS AN INJURY?

- **Maladaptations to physical training leading to musculoskeletal injuries**
  - **A sudden, unexpected event that causes trauma can produce acute injuries during training. Whenever forces applied to tissues exceed the inherent capability to absorb and dissipate those forces, structural tissue failure will result. Examples are acute ankle sprains due to exercising on uneven ground, contusions due to falls, fractures, and dislocations due to falls.**

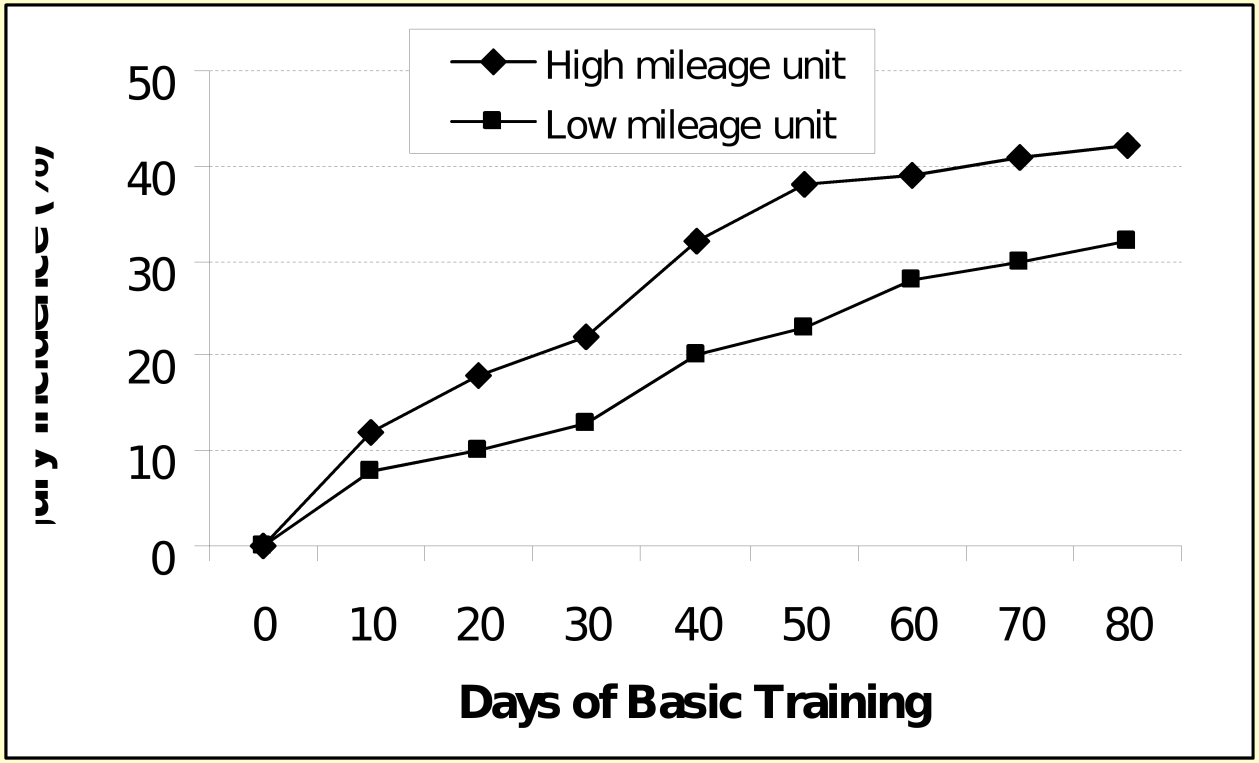
  - **With a proper gradual exercise program body tissues slowly adapt to the stress of the exercise so there is little or no damage. If there is slight damage it is repaired rapidly with little pain and no loss of function. Overuse injuries are caused by excessive use of a part of the body that puts strain on the tissues such that they can no longer adapt with a healthy response. The ability of cells to repair damage is overwhelmed by the repetitive microtrauma. Overuse injuries develop over the course of weeks or months of repetitive PT. Three examples that are representative of this process are delayed onset muscle soreness (DOMS), tendonitis, and bone stress injuries.**

EXTRINSIC / INTRINSIC FACTORS

Research shows that extrinsic risk factors (i.e., those external to the trainee) in BCT include **high running mileage**, **high foot mileage**, **high march speed**, training company, older running shoes, and the summer season.

Intrinsic (personal) risk factors in BCT have been researched extensively and include female gender, high foot arches, knee Q-angle >15o, genu valgus, past ankle sprains, low aerobic fitness, low muscular endurance, high and low extremes of flexibility, low levels of physical activity prior to BCT,

INCIDENCE OF INJURY

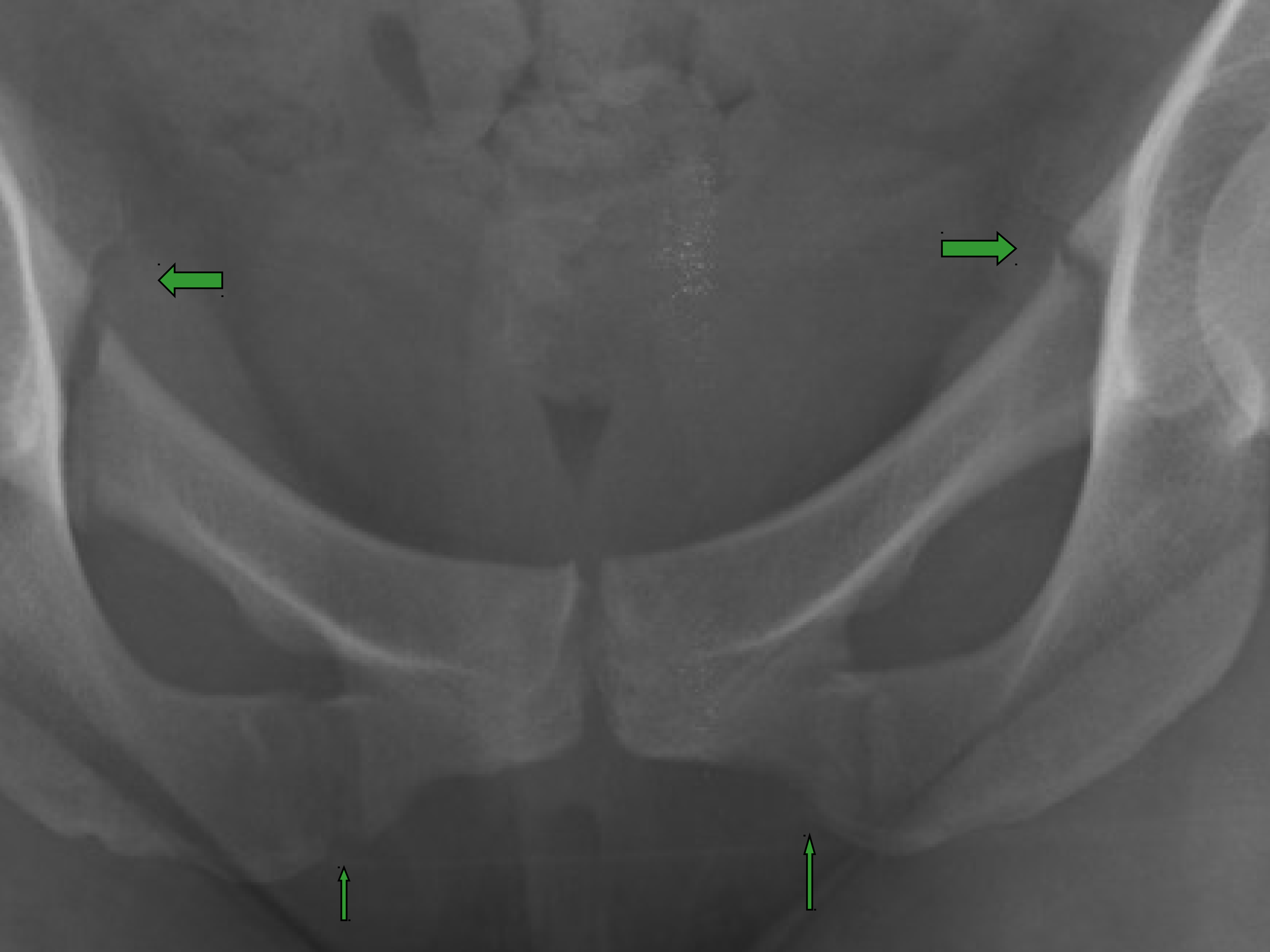


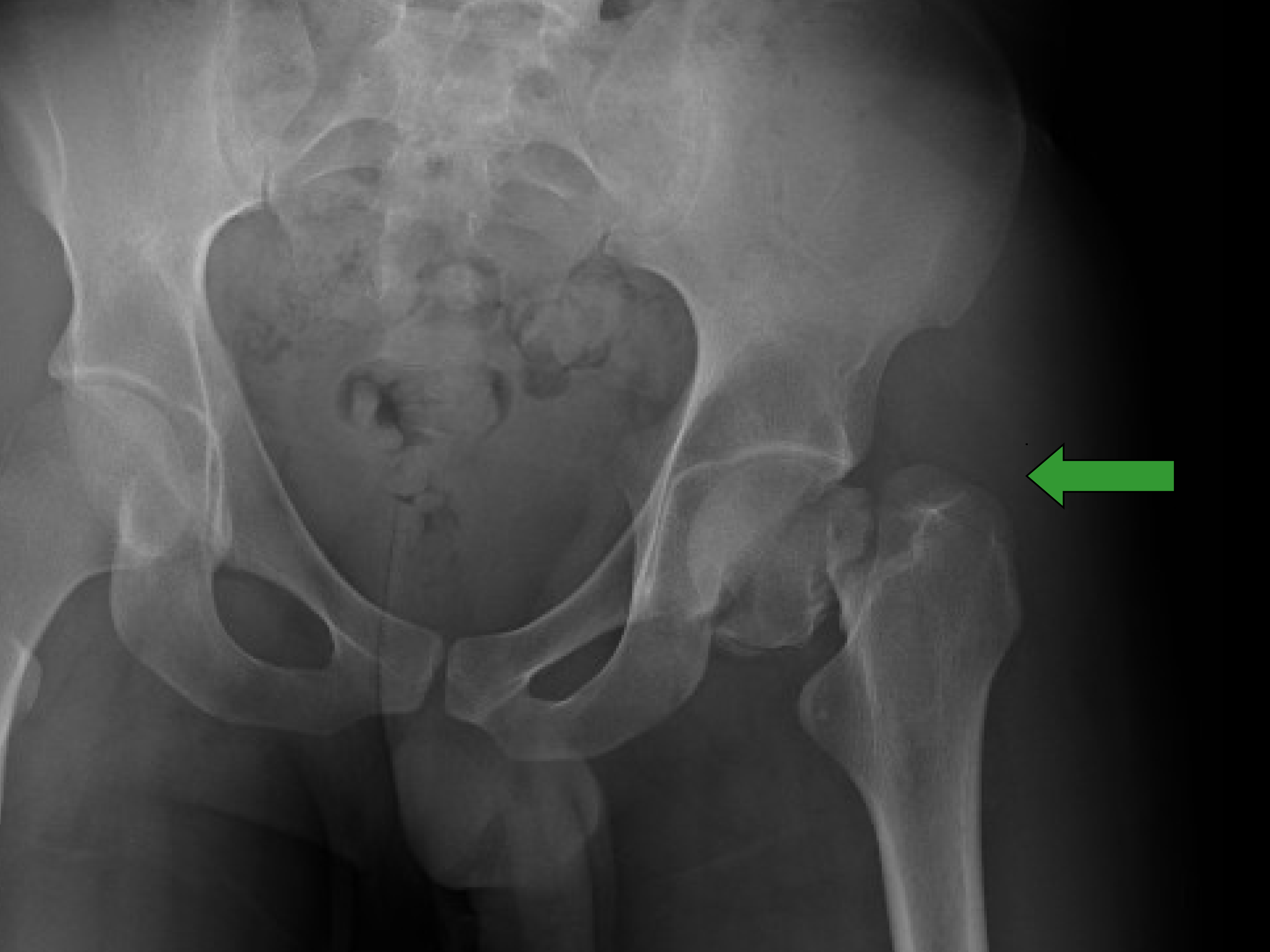
Cumulative incidence of injury by cumulative days of training in BCT

Priority Concerns

- Additional running outside of POI
- Sizing short to tall in all march formations
- March Speed
- Modification of fitness POI to extreme

Sizing and March Speed Matter





Improvement Measures

- #1 Correct Concerns and injury rate will drop!
- Alternate Boots and Shoes

Avoidance of “harmful” exercises that are suspected of either causing injury or aggravating existing injuries

Deep knee bend
Jumping jacks
Full sit-up
Straight leg sit-up
Double leg lift
Donkey kick (mule kick)
Floor-lying bicycle
Squat thrust
Standing toe touch
Hurdler stretch
Hyper extending or over rounding the back
Full neck circle
Backbend

Develop and Implement Controls

- Ban running up and down stairs and/or rapid fall outs! Reason: 20% of injuries are traumatic (e.g. tripping, falling, etc.).
- Ban Canteen in BDU pant cargo pockets. Reason: Extra weight places a lateral load on the knee, causing more knee injuries.
- Minimize ‘foot mileage’. Look at routes, class locations, and schedules to minimize overall foot mileage, foot load, especially in first 3 weeks. Reason: Injury rates closely match foot mileage.
- Ban non-PT running or double-timing, especially in first 3-4 weeks. Reason: Bones and muscles need a sequential and progressive load to adapt. Too much, too soon causes damage.
- Ensure ICE is available at company level to treat injuries. Reason: Early treatment speeds healing. Ice decreases swelling and pain.

Develop and Implement Controls

- Coordinate with MEDDAC to minimize the use of pain relievers. Reason: Pain relievers interfere with muscle repair and growth and may cause liver damage.
- Coordinate with MEDDAC to use the positive profile sick slip. Reason: The improved sick slip give both the medical and training personnel more information for better decisions (ongoing at this time)

MARCHING

- Size units small-to-tall. Conduct all movements sized small-to-tall. Reason: Shorter recruits take a 24-28 inch step. Placing short recruits at the rear forces them to run more and to overstep (common cause of broken hips). Exception: parades

MARCHING

- Eliminate 10KM march to FTX. Reduce return 15km to 10km. Reason: 80% of injuries are overuse injuries (too much, too fast, too soon). Too many long events too close together result in increased injuries. BCT is the first step in a multi-step process!
- Establish pace controls. Measure and establish time splits for all marches (IAW TSP standards) and runs (by ability group pace IAW FM 21-20). Controls could be by landmark, route, or with marked stakes along the routes. Reason: Increased speed increases force on muscles and joints. Fatigued muscles lose strength, elasticity and shock absorption, moving shock to joints.

MARCHING

- Rotate road guards daily. Assign only A/B runners over 5’6” as road guards no more than 2x/week. Reason: Road guards get significantly more running and mileage. Rotating road guards spreads the load. C/D and recruits under 5’6” are at high risk for injuries.

MARCHING

- Train cadre to meet march IAW TSP standards re load. Ensure cadre have TSPs. Reason: Marches are designed to provide a progressive distance, pace and load to prevent injuries. Unapproved, higher loads early in training increase injuries.
- Rotate platoons on company formation marches over 5 Km at the halfway point. Reason: Due to the accordion affect, the rear platoon works harder. Rotating platoons evens the load.

MARCHING

- Minimize leg load by using “at ease, sit” whenever possible. Reason: Foot time and mileage are directly related to injuries.

MARCHING

- Alternate boots and shoe wear during the first three weeks. First week: Recommend a half day schedule for 4 days with Wednesday being an all shoe day. Second week: Recommend alternating shoe-boot days starting with a shoe day. Third week: recommend alternating boot-shoe days starting with a boot day. Reason: Boots increase the leg load. Recruits need sequential and progressive exposure to transition to boots.

Physical Fitness Training

- Modify PT, obstacle courses, tower jumps, and road march schedules to eliminate same day or back-to-back loads on same muscle groups. No not schedule, for example, a lower body PT session and a march either on the same days or consecutive days: Reason; Muscles need 36-48 hours rest after exercise to grow. Overuse creates injuries.
- Minimize or eliminate leg impact events (running, marches, etc.) in the third week. Use MSE and/or agility drills instead. Reason: Most injuries occur in the first 3 weeks. Injuries peak in the third week. As study indicates making the 3rd week a light recovery week significantly reduces injuries.

Physical Fitness Training

- Establish pace controls. Measure and establish time splits for runs (by ability group pace IAW FM 21-20). Reason: Speed increases load on muscles and joints. PT studies show some leaders set an overly fast pace due to failing to measure and time course splits.
- Reduce initial APFT to 1 mile/1 minute PU/SU. Reason: Too much, too soon causes injuries.
- Conduct slow (30 second) stretches for 5 repetitions during post-PT cool down. Reason: Post-PT stretching to standard reduces injuries. Overstretching increases injuries.

NUTRITION CARE

USARIEM BCT Study

- **1993 study of 174 women in an all-female 8-week BCT company at Fort Jackson, SC (158 graduated).**
- **Serum ferritin (body iron stores) were low pre-BCT (56% females at less than 20 ng/ml iron) and decreased further by graduation (84%)(pg.109).**
- **Anemia was correlated with poor PT performance (pg. 111)**
- **Serum folate levels were low normal pre-BCT and "decreased significantly over BCT." (pg. 2)**
- **Maternal low folate intake and blood levels have been "associated with (fetal) neural tube defects" (pg. 39) (note: neural tube defects can be fatal for the fetus).**
- **Menu was adequate in energy, but inadequate in B6, folic acid, calcium, magnesium, iron, and zinc.**
- **Source: "Health, Performance, and Nutritional Status of U.S. Army Women during Basic Combat Training," (1995) (ADA302042)**
- **NOTE: Study BCT menu governed by the 1985 AR 40-25**

(ADA302042)
NOTE: Study BCT menu governed by the 1985 AR 40-25

Low calcium intake is one of the risk factors associated with stress fracture.

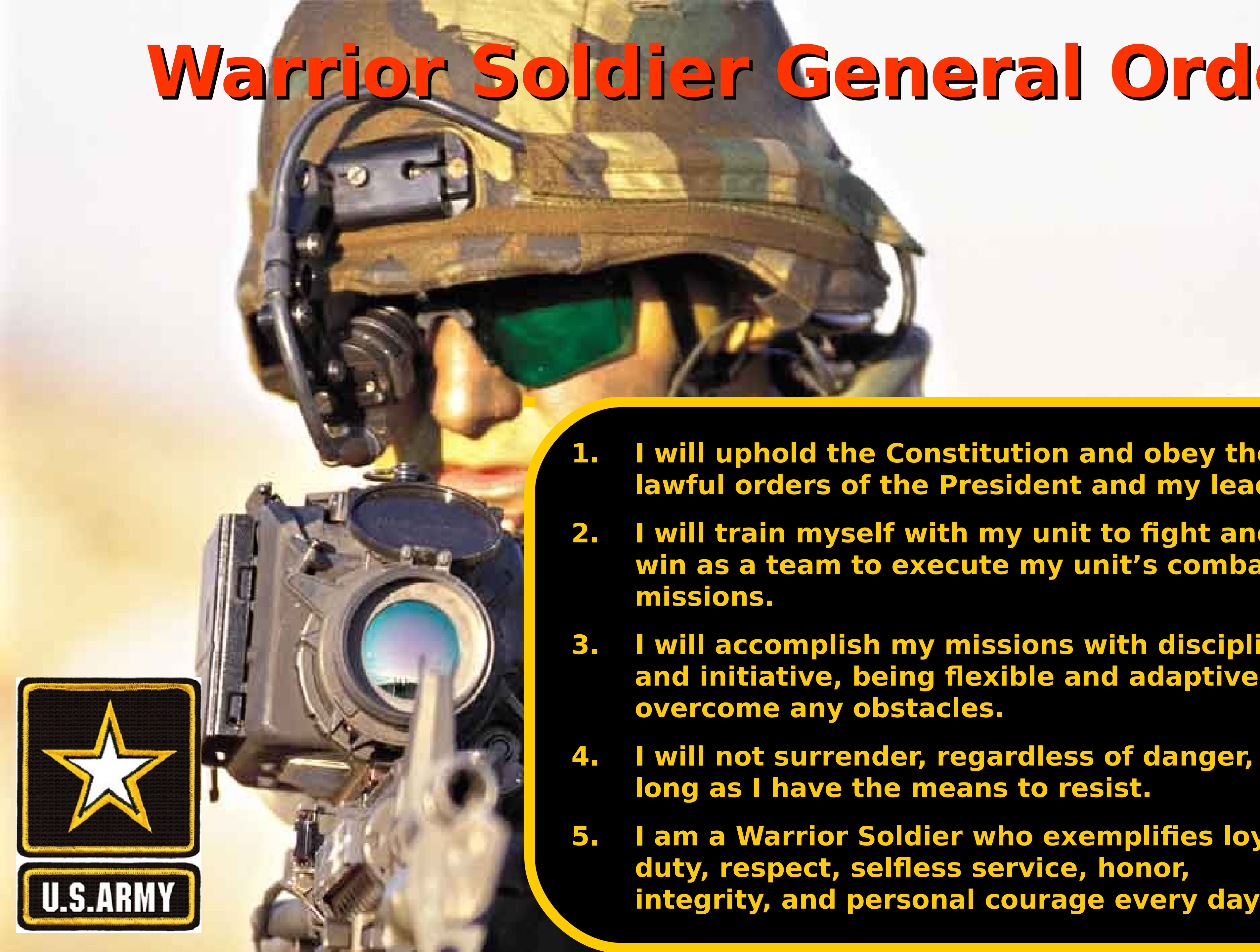
CONCLUSION

- A dramatic reduction in the overall injury rate and attrition rate at FLW can be achieved by conducting the following:
- 1. Command emphasis on adherence to FM 21-18, FM 21-20, and Fitness POI.
- 2. Top down injury prevention monitoring of unit training.
- 3. Coordination/Cooperation/Communication open between Training Unit Command-MEDDAC-Injury Prevention Team.

Bottom Line

- A.M. POI physical training strictly enforced only!
- Size all marching formations Small-to-Tall.
- Decrease march speed

Warrior Soldier General Ord



1. I will uphold the Constitution and obey th
lawful orders of the President and my lea
2. I will train myself with my unit to fight an
win as a team to execute my unit’s comba
missions.
3. I will accomplish my missions with discipli
and initiative, being flexible and adaptive
overcome any obstacles.
4. I will not surrender, regardless of danger,
long as I have the means to resist.
5. I am a Warrior Soldier who exemplifies loy
duty, respect, selfless service, honor,
integrity, and personal courage every day

U.S.ARMY

CTMC Physical Therapy

596-1859

barry.whiteside @cen.amedd.army.mil

Questions?

USA DENTAL ACTIVITY Fort Leonard Wood, MO

COL Ronald W. Mikaloff, CDR

Senior Dental NCO MSG A. Melendez

Command Group

Commander – **COL Mikaloff**

Senior NCO – **MSG MELENDEZ**

DENTAC HQ'S & Roll Dental Clinic

DENTAL CLINIC
HQ. US Army Dental Activity
Roll Dental Clinic
Bldg 1608
Commander
COL R. W. Mikaloff
Senior Dental NCO
MSG A. Melendez

OIC and NCOIC Roll DC

OIC

COL ROBERT BLOCK

NCOIC

SSG MICHAEL KEYS

Roll Dental Clinic

Units Supported by Roll Dental Clinic

- **Sick Call (IET, AIT, OSUT, BOLC)**
- **Overseas Screenings**
- **First Term Dental Readiness**
- **Misc. (Chapters)**

F IRST

T ERM

D ENTAL

R EADINESS

FTDR

Mission

Upon graduation and before departing from AIT/ OSUT/BOLC III site, all soldiers will be dentally deployable (Class II)

FTDR

- *CLASS I*: NO TREATMENT
- *CLASS II:* MINOR TREATMENT (SMALL FILLINGS, CLEANING)
- ***CLASS III:* LARGE CAVITIES (EXTRACTION, ROOT CANAL, LG FILLINGS)**
- *CLASS IV:*   NO EXAM IN THE LAST YEAR

FTDR

Those determined to be non-deployable (Class III) will receive a comprehensive dental exam and will be treated to deployable (Class II) stature at Roll Dental Clinic

FTDR

- **FTDR coordinators identify class 3 soldiers upon in-processing. Inform the unit of class 3 status with weekly reports and schedule appointments with graduation dates as priority.**

- **Front desk staff organize class 3 exams and airborne physicals with cooperation of the unit operations and unit staff.**

FTDR-COORDINATORS

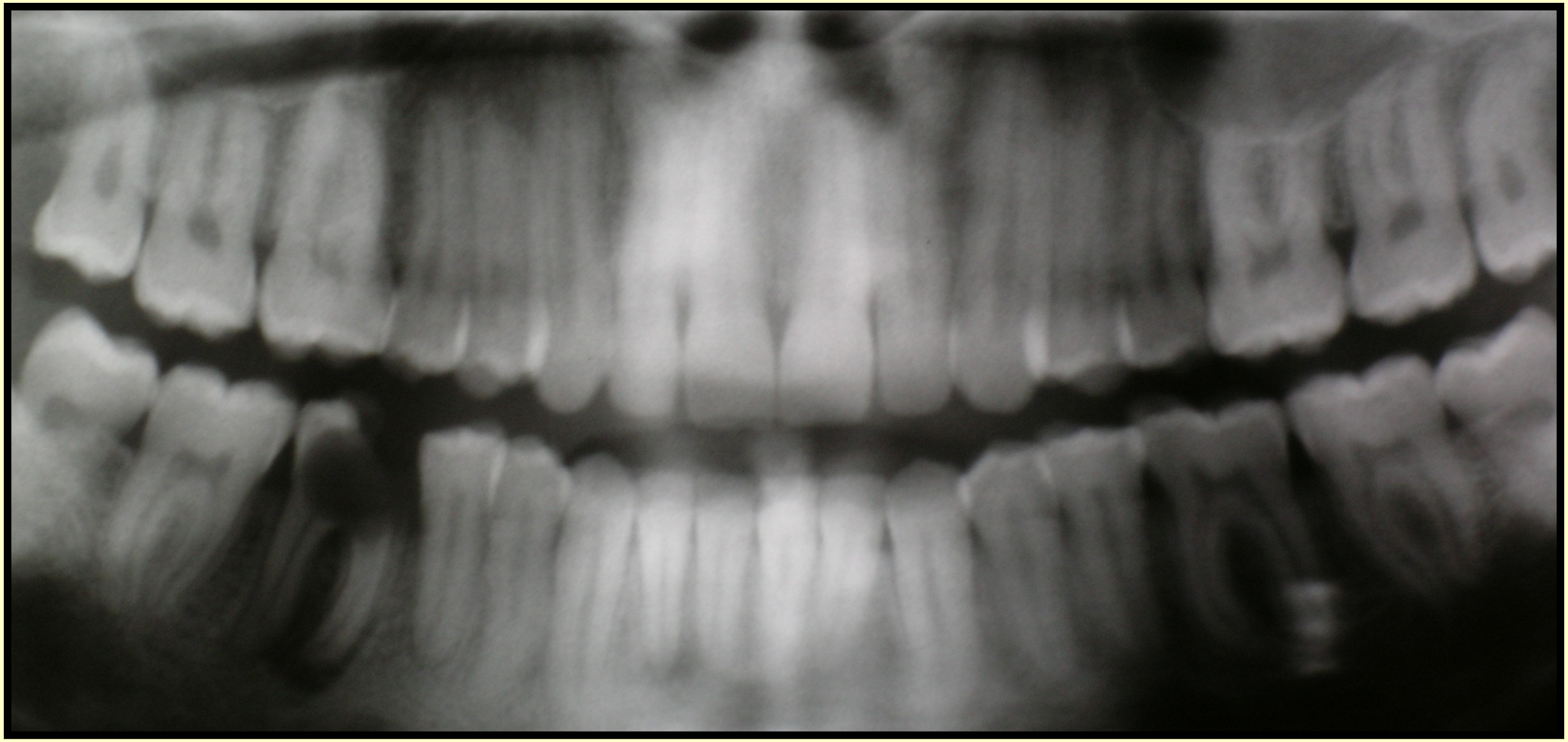
Mrs. Pringle
“Pat”

596-3687

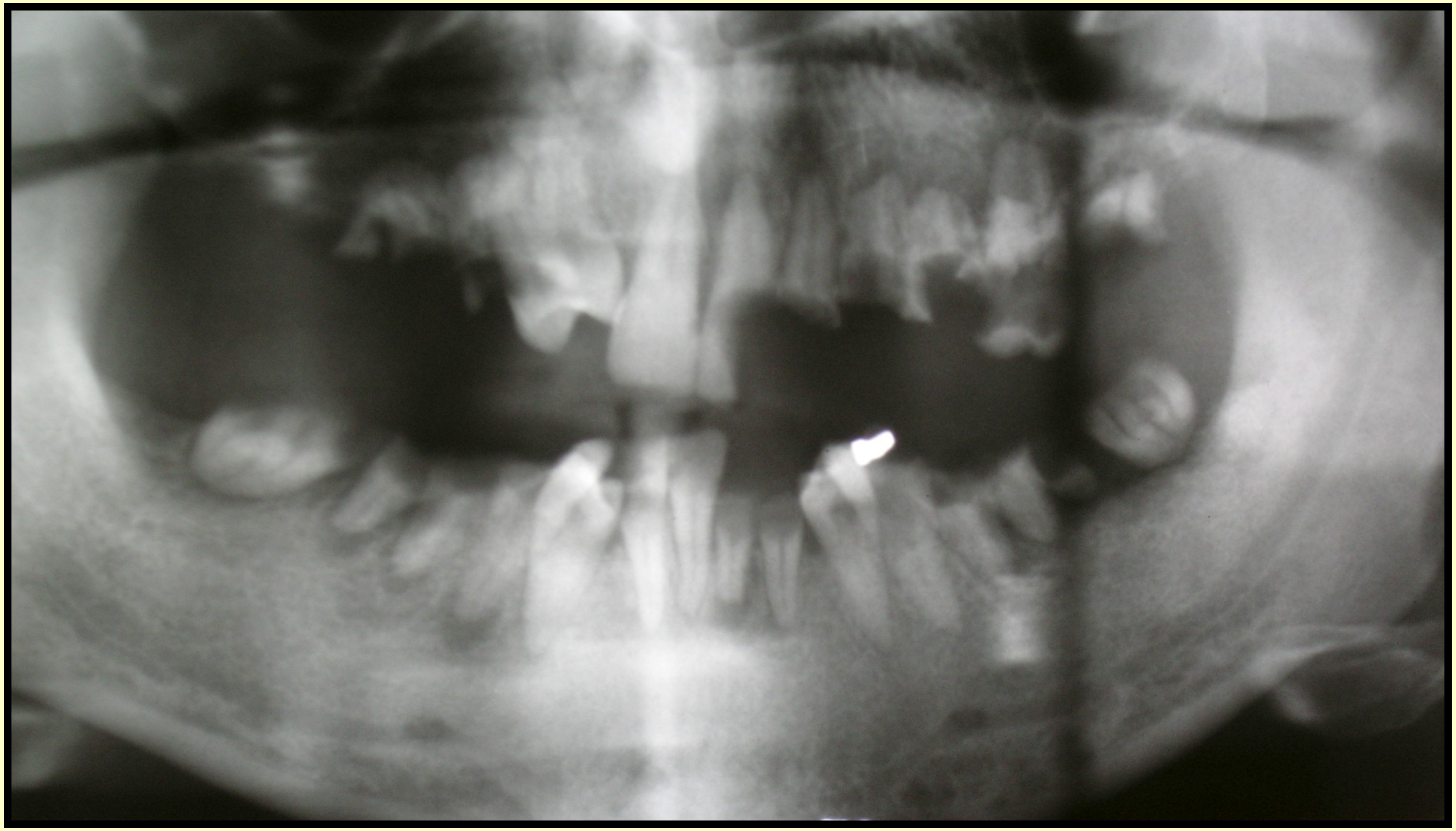
Mr. Belles, “John”

596-9288

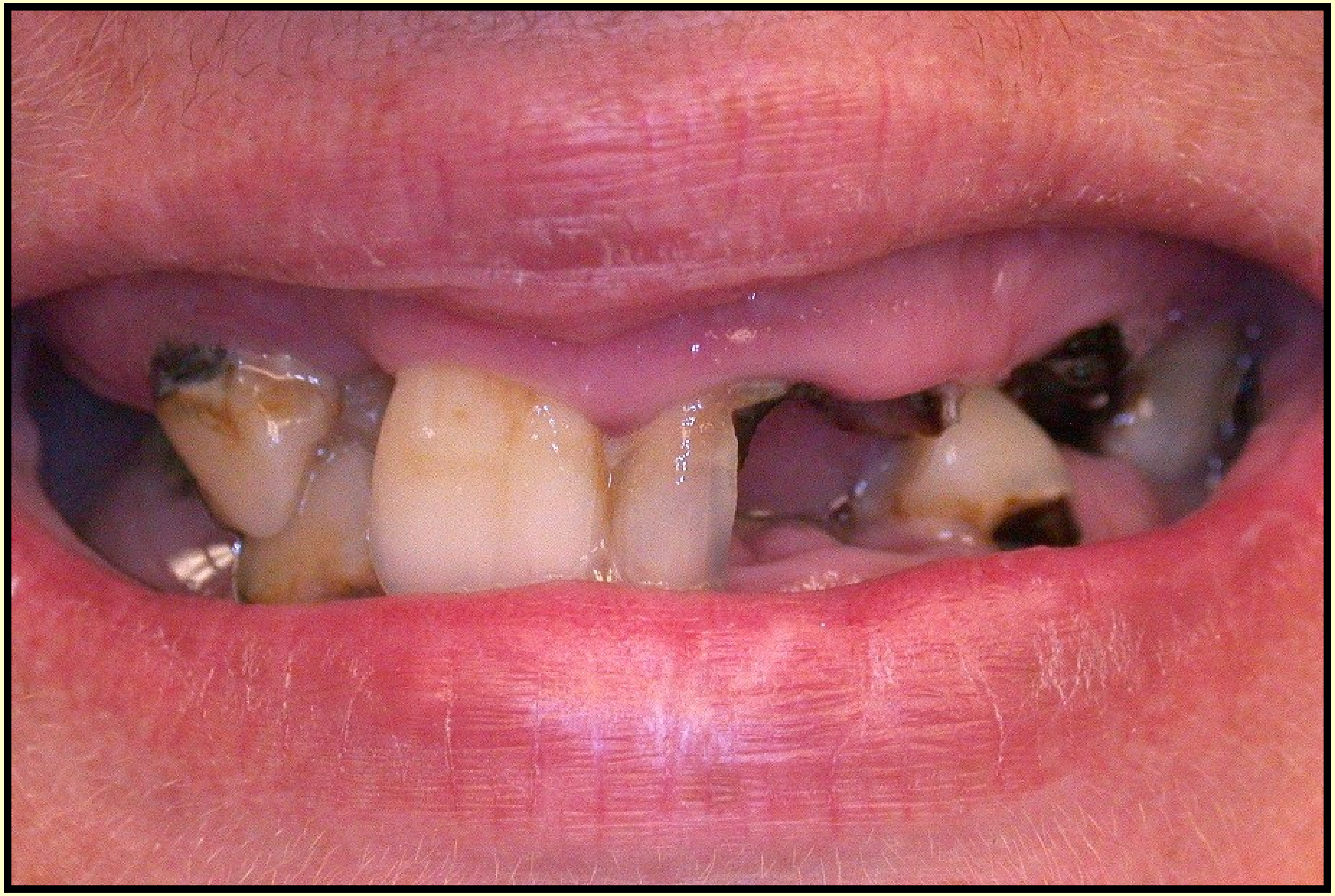
FTDR



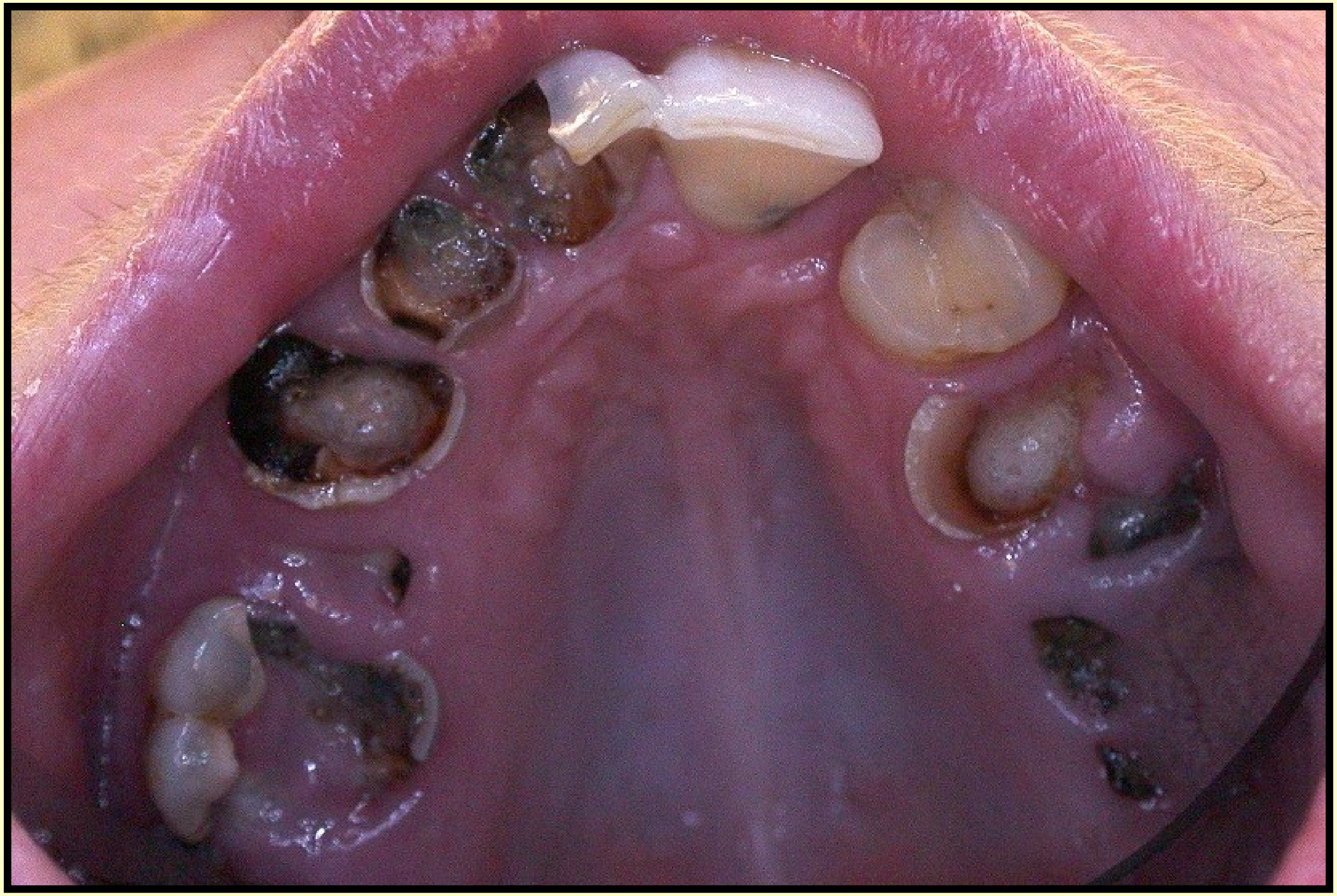
FTDR



FTDR



FTDR



FTDR

- **6747 in program since August 2005**
- **1519 Class 3 Patients**
- **753 converted to Class 2**
- **Average treatment time is 2.5 to 3 hours**

FTDR

- **January 2006: 1963 total patient appointments**
- **1833 total patient visits**
- **6.62% failure rate**

FTDR

- **23% arrive in Class 3 status**
- **12% depart out Class 3 status**
- **50% conversion rate**
- **80 conversions per week in January**

HARPER DENTAL CLINIC

Harper Dental Clinic
Bldg 500
500

Harper Dental Clinic

LTC Burns, OIC

SFC Bliss, NCOIC

SSG Sams, DCO Practice Manager

Patient Population

-There is an average of 10,000 Soldiers in training on this post on any given day.

-There are approximately 4,500 permanent party Soldiers.

- **References to these figures can be found at www.wood.army.mil/DRM/PostPop.htm**

Post Readiness (CDA)
Permanent Party

Dental Readiness	**96.39%**
Dental Wellness	**45.41%**

* Ft Leonard Wood Dental readiness as of February 23, 2006

Appointment Availability Permanent Party- Harper DC

Cleanings – 2 Days (hygiene)

Restorative – 1 Days (fillings)

Endo – 3 Days (root canals)

Pros – 14 Days, 1 day per week (crowns, bridges and dentures)

Perio – eval – 14 Days (gum)

Oral Surgery - 35 Days

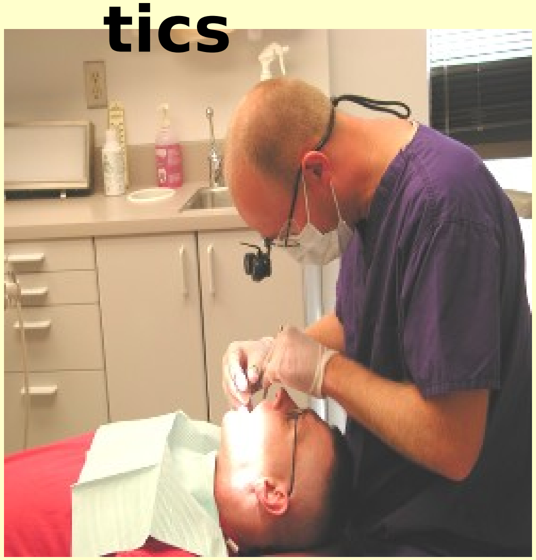
(extractions)

Units Supported by Harper Dental Clinic

- **All Permanent Party Army**
- **Air Force**
- **Navy**
- **Marines**
- **Mobilized Reserve and National Guard**
- **Foreign Military**
- **Prior Service**

Harper DC Specialty Care

Periodontics



LTC Burns

Endodontics

YOU MAY BE PREGNANT
NOTIFY STAFF BEFORE
YOU ARE SEEN

MAJ Becker

Dental Care Optimization
DCO Team 1

Team 1

Dental Care Optimization
DCO Team 2

Team 2
family

Mobilize/Demobilization

Oral Maxillofacial Surgery Clinic

OIC

DR. BESSEY

NCOIC

SSG MICHAEL KEYS

Reception Dental Clinic

(Co-Located with 43rd AG)

Reception Dental Clinic

LTC Thomas Tylka, OIC

SGT Sarah Reynolds

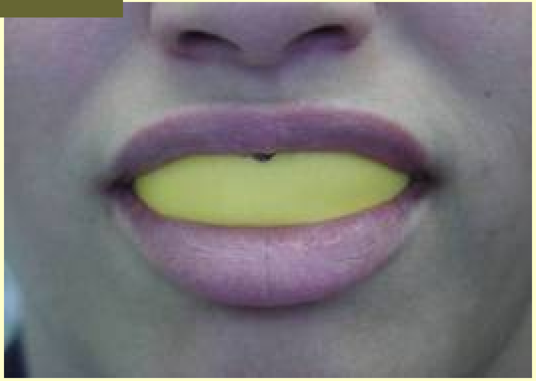
Reception Dental Clinic

GOT TEETH?
To Wear or not to wear a Mouth Guard? That is the question! See your Dentist!
United States Army
Serving America
World

MOUTH GUARD PROGRAM

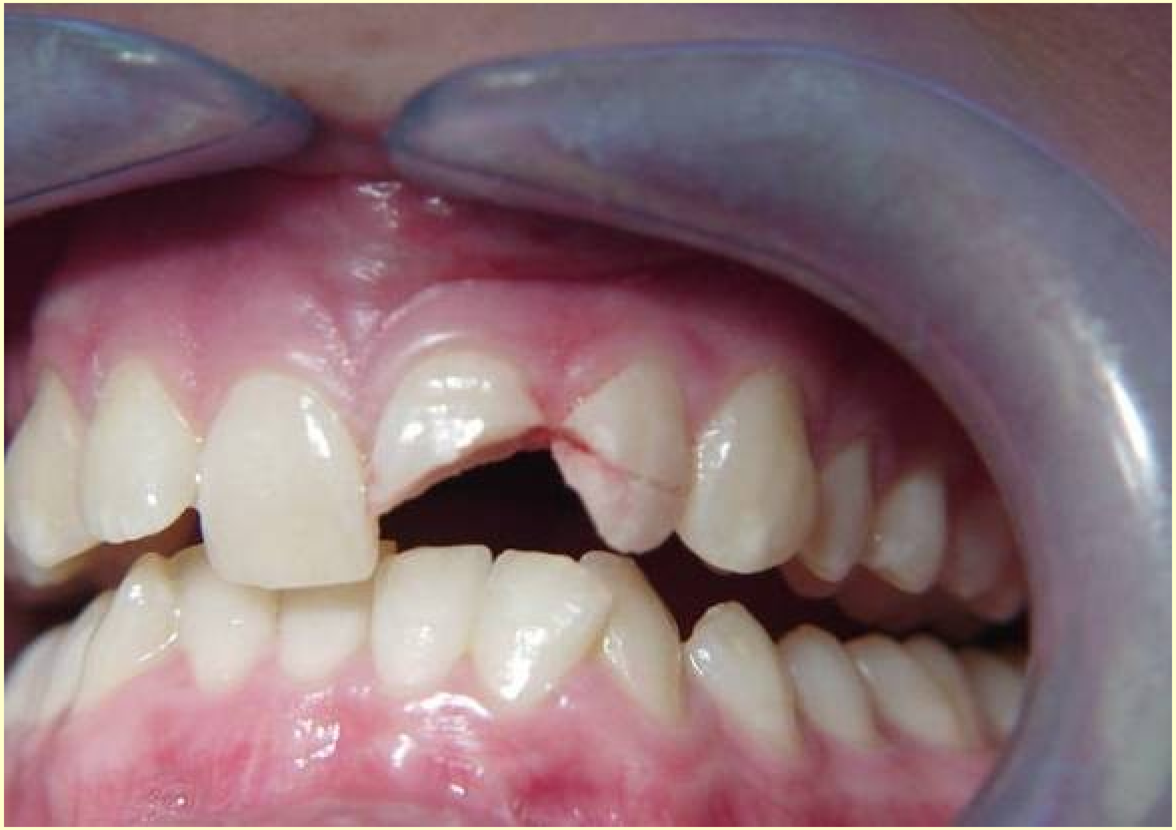
Recommend mandatory wearing of mouth guards during the follo

- Confidence Course
- Pugil Stick Joustin
- Bayonet Training
- Football
- Basketball
- Rugby
- Soccer



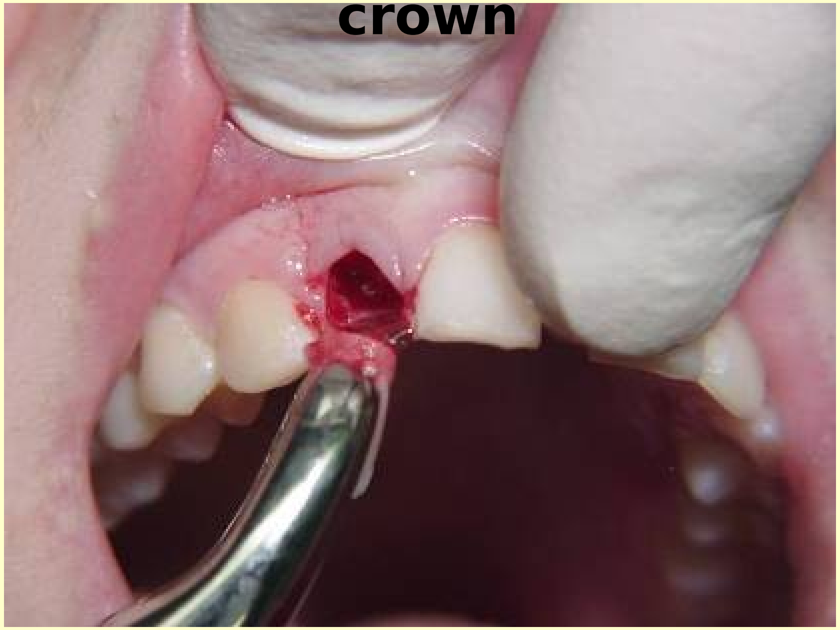
EXAMPLES OF DENTAL INJURIES

18 y/o Female Injury From Bayonet Training

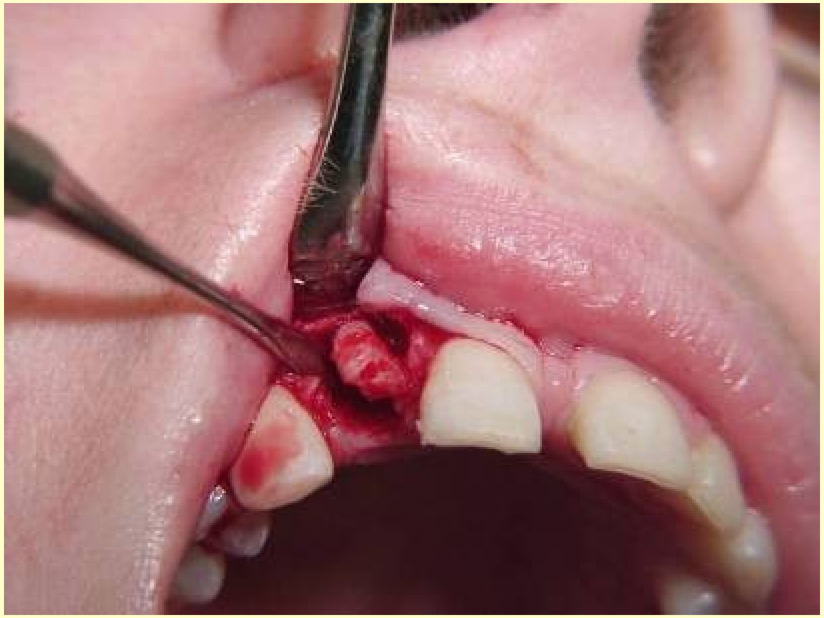


EXAMPLES OF DENTAL INJURIES

Root fracture # 7 extraction of crown



Root fracture # 7 extraction of root



Red Cross Training Program

- 750 hour training program designed to teach dental assisting skills to Red Cross volunteers.
- Upon completion they will be trained in all aspects of dental assisting.
- We currently have 6 enrolled in the program.

Benefits

- Provide assistants for current dental care staffing needs.
- Provides a pool of trained assistants to draw from for future hiring purposes.
- Provides a source of technical service training for the community. (i.e. family members)

The Red Cross Trainees in action

WARRIOR ETHOS
ARMY OF ONE
AFAP

PHONE NUMBERS

Dental Headquarters	596-0411
Harper Dental Clinic	596-0408
Roll Dental Clinic	596-3684
Reception Dental Clinic	596-0516
Hospital Dental Clinic	596-0198

Questions ?